

# LIFE LINE

FEBRUARY/MARCH 2018

WALTER REED  
BETHESDA



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# Message From the Director

Team WRNMMC,

*I would like to congratulate all on the completion of the Joint Commission survey. The JC survey team shared many constructive and positive comments about our quality and safety of care, as well as our administrative procedures during their review of our medical center. I strongly encourage you to integrate the recommendations, lessons and opportunities learned from the survey into your daily routines so we can continue to get better for all of our deserving beneficiaries and staff.*

*Even though the JC surveyors are gone, we cannot ease our drive in meeting the challenges of delivering safe, high-quality care in an ever-changing, very technologically-driven, complex healthcare environment, even as we continue to educate and train tomorrow's military medical leaders today while conducting innovative world-class research in support of the readiness of our expeditionary force.*

*We are privileged to take care of our nation's heroes and their families and this must be in a safe, quality-driven environment. This is our top priority. We ensure our skills and competencies through clinical practice, training and education, but we are measured by outcomes in a safe accountable way.*

*In addition, our doctors, nurses, Medics and Corpsman need to be ready to deploy at any time, to any place around the globe. We will be ready to provide casualty care on the battlefield, at sea and in global austere environments by taking on challenging cases and ensuring our currency and proficiency in our operating rooms and clinics here at Walter Reed Bethesda. Army Medics and Navy Corpsmen are frequently the first ones to deliver care to those injured on the battlefield; therefore, it is important we ensure they are able to work in their specialties and receive the appropriate training so they are ready to deploy.*

*Our beneficiaries have choices, and they choose to continue to come to us for their care because of your dedication and commitment to safe, high-quality, patient-centered health care. This has resulted in our acuity level of care increasing across the board, which contributes to our readiness and enhances our abilities to treat various illnesses and injuries.*

*As we move forward, continue to keep the patient at the center of all that we do at Walter Reed National Military Medical Center. Continue to focus on safety, as well as recruiting patients and their families into our sensor net. Remember, they see and hear everything while they are here. Truly take what they say and offer us to heart. Act upon their recommendations if you are able, or move it up the chain. Continue your efforts for reduce preventable harm, and continuously improve yourself and the hospital processes in your area. Participate in innovation and quality forums, as well as on our Command Climate Improvement Committee to enhance Walter Reed Bethesda for yourself and colleagues.*

*I also encourage each of you to take care of yourself. Make time in your schedule for exercise. Eat healthy. Get proper rest. Learn and practice relaxation techniques. Spend time with your family and friends.*

*Thank you for what you do at Walter Reed National Military Medical Center, and for your tireless work on behalf of our patients, who we are so privileged to serve.*

*Keep charging!*

*Mark Kobelja, M.D.  
CAPT MC USN  
Director, WRNMMC*





## Sierra S. Collins

### Equal Employment Opportunity Manager

**Prior to WRNMMC, what were some of your other assignments?** I started my career in 2006 at the Department of Veterans Affairs, Louis Stokes Cleveland VA Medical Center. I worked in various medical and administrative roles throughout the medical center and found my passion for leadership development, human resources, and equal employment opportunity. I eventually pursued and received a Masters of Business Administration with an emphasis in Human Resource Management. In 2016, I left the VA as an Equal Employment Opportunity counselor and transferred to the U.S. Coast Guard as Equal Employment Opportunity specialist that managed EO/EEO complaints of discrimination, training military and civilians on the civil rights program. I acted as a Disability Program manager and Special Emphasis Program manager, and conducted climate assessment surveys and written analysis.



**What should people know about EEO and why it is important?** Equal employment opportunity is important because it requires federal agencies to maintain a diverse and discrimination free workforce where there is equal opportunity without regard to any EEO protected category.

**As the new Equal Employment Opportunity manager at WRNMMC, what will your responsibilities include?** My role at WRNMMC is to ensure there is a diverse and discrimination free workforce. My role entails case management for civilian EEO complaints, training on the civilian EEO program, the Disability Program, Special Emphasis Program manager, and climate assessments.

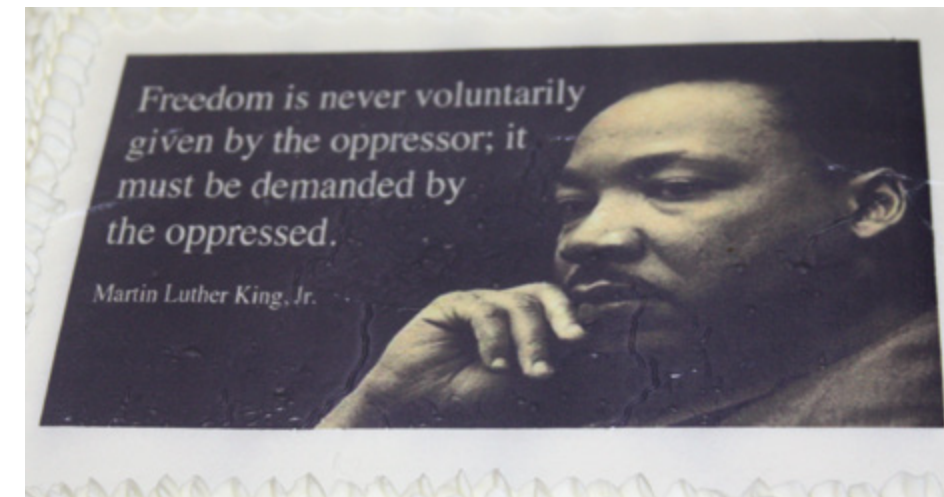
**What influenced you to go into the field of EEO and why?** My passion for leadership influenced me to go in the field of EEO. At the time, I knew EEO tended to be a problem area in the workplace and I desired to see change and everyone be treated fair in the workplace.

**What inspires you and keeps you motivated and why?** What keeps me motivated is my understanding that my passion to impact leadership is a talent that was given to me to help others. Because of EEO programs, I desire to see change and the necessary impact to ensure everyone is treated fair and with dignity and respect.

# IN THE SPOTLIGHT

## WRB Celebrates Life, Legacy of King

By Bernard S. Little | WRB Command Communications



A cake at the 2018 Walter Reed Bethesda observance for Dr. Martin Luther King Jr., displays one of his quotes. (Photos by Bernard S. Little)

The Walter Reed Bethesda community paid homage to the life and legacy of Dr. Martin Luther King Jr., during a program Jan. 16 in the rotunda of the historic Tower at the medical center.

The Multicultural Committee hosted the event, which featured Walter Reed National Military Medical Center and Naval Support Activity Bethesda leaders discussing the importance of diversity in the military, and the impact that King made on society.

Setting the tone for the program, WRNMMC Director Navy Capt. (Dr.) Mark Kobelja said, "We, the armed forces of the United States, don't do diversity; we are diverse. I think it's really important we pause occasionally to reflect on that [because] it's one of our great strengths. It's a strategic imperative that we understand this, continue to nurture it and take it to the next level."

Kobelja added it's also important to "pause and reflect on history and where we came from."

"In the grand narrative of the beginning of our services to today, it doesn't take a great student of history to see how far we have come, [and] of course, we have much further to go. We are a diverse nation and it's

important that we represent that," the WRNMMC director continued.

The strategic imperative of diversity within the military, which encompasses race, culture, religion, age, socioeconomics, education and other variables, requires that these different factors come together to successfully accomplish the mission, Kobelja furthered.

"I see that no more clearly than I do here in the hospital setting," he added, explaining that within the walls of WRNMMC, there are "all walks of life, all backgrounds,

all educational levels, all ages and more represented. And you don't have to look very far past our outcomes alone to realize what power that diversity brings," he concluded.

NSAB Commanding Officer, Navy Capt. Marvin Jones agreed, adding that "understanding the value of diversity" was one of the gifts Dr. Martin Luther King Jr. left people. "Our strength comes from our differences and those unique experiences and



Navy Capt. Marvin Jones serves as guest speaker during the Walter Reed Bethesda observance for Dr. Martin Luther King Jr.



Attendees listen to speakers during the 2018 Walter Reed Bethesda observance for Dr. Martin Luther King Jr.



perspectives all of us bring to this hospital, base and world. Diversity is a force multiplier,” he added.

Jones called King’s influence “irrefutable,” and said that it helped “changed the face of American society for the better and forever.” He added King’s dream of a better and more just society with equality for all, was one for which he fought for and laid down his life. “Each of us has a duty to live out that dream.”

King was born Jan. 15, 1929 in Atlanta, Georgia, and April 4 of this year marked the 50th anniversary of his assassination in Memphis, Tennessee, Jones continued. “My mother, ‘the original Rock,’ cried like so many others did when told of Dr. King’s assassination. I had never seen my mother cry. The significance of that day really resonated with me.” He also remembered the “mayhem and rioting” in his hometown of Chicago and other



Walter Reed Bethesda Director Navy Capt. (Dr.) Mark Kobelja (center) and WRB Command Master Chief Sean Brown (right) recognize Navy Capt. Marvin Jones, Naval Support Activity Bethesda commanding officer, for being the guest speaker at the WRB observance for Dr. Martin Luther King Jr. Jan. 16.

cities throughout the nation after word of King’s assassination spread.

“Martin Luther King, Jr., was the hope of equality for the rest of the nation, particularly for those of us who felt disenfranchised,” Jones

continued. He added people have a responsibility not to forget King’s life, legacy, and the causes for which he gave his life including equality, diversity and inclusion of all people in all aspects of the society.

# Black History Month: ‘African Americans in Times of War,’ And Beyond

By Bernard S. Little | WRB Command Communications

The 2018 theme for Black History Month, “African Americans in Times of War,” honors women and men who served their country in uniform, particularly those who made the ultimate sacrifice. The theme also commemorates the centennial of the end of World War I in 1918.

In 1926, historian Dr. Carter G. Woodson created Negro History Week. He chose the second week of February for the observance because it included the birthdays of President Abraham Lincoln (Feb. 12) and that of abolitionist, orator and writer Frederick Douglass (observed Feb. 14).

The week-long observance of black history evolved into a monthly celebration in 1976 when President Gerald Ford urged “my fellow citizens to join me in tribute to Black History Month and the message of courage and perseverance it brings to all of us.”

“African Americans have contributed significantly

throughout the history of America. Our contributions during times of war is no different, and especially significant because [it happened] during the darker eras of this country when we were not considered equal. African Americas believed enough in the idea of America that they took up arms, fought and died for this great country,” said Navy Hospital Corpsman 1st Class Tavarae Lewis, a member of the Multicultural Committee at Walter Reed Bethesda.

“America is a country whose strength stems from the diversity of its people. While we come from different walks of life and experiences, it is the belief in this tenant that unites us as one America. However, it is important to take time to reflect on the many contributions various communities have made to this great nation. In the words of our current Director of Walter Reed National Military Medical Center, Navy Capt. (Dr.) Mark Kobelja:



Cook Third Class Doris “Dorie” Miller was the first African American to be awarded the Navy Cross, the third highest honor awarded by the US Navy at the time, after the Medal of Honor and the Navy Distinguished Service Medal, for his bravery during the attack on Pearl Harbor Dec. 7, 1941. He assisted the injured, as well as manned an anti-aircraft machine gun firing on attacking Japanese aircraft. “The U.S. military does not practice

diversity, we are diversity. Hence, that is what makes us the most capable force of good on the globe,” Lewis added.

Navy HM3 Jared Reiber, also a member of the WRB Multicultural Committee, agreed. “The importance of Black History Month is much more than just the famous people we see on the screen. I think about it more of everyone who is a part of it,” he said.

Focusing on this year’s theme for Black History Month, Reiber said, “To me it means the heritage of America. In all the wars and battles we have had in America, African Americans have been a part of them. From the Revolutionary War to the War of Terror, we as Americans have worked side-by-side with one another.

“And not all wars are physical,” Reiber added. “You can take Jesse



Some of the African American Soldiers of the 369th (15th N.Y.) awarded the Croix de Guerre for gallantry in action during World War I.



Hospital Apprentices Second Class Ruth C. Isaacs, Katherine Horton, and Inez Patterson (left to right) are the first black women to enter the Hospital Corps School at National Naval Medical Center, Bethesda, Md., 1945. (Courtesy of Navy Department Library)

Owens as an example. He was the Olympic athlete who stood up to Adolf Hitler during the 1936 Olympics in Germany. Hitler was vocal about his hatred of black and Jewish people,” the Navy corpsman continued. He explained Hitler’s goals included using the 1936 Olympics to showcase his “master race” of people with the hope that German athletes would dominate the games, but

multiple victories by American athletes, and in particularly, Jesse Owens, dispelled Hitler’s theory of a master race without the use of bombs and guns.

“I remember [Owens] from the stadium they have in Ohio [where Owens grew up and went to school] named after him,” Reiber continued. “My high school track team runs a meet at it every year,” he added.



Army Lt. Gen. (Dr.) Nadja West is the 44th U.S. Army Surgeon General and the first African American to hold the senior-most officer position in the U.S. Army Medical Department.

“The [Black History Month] theme can bring history back to the present,” Reiber added. “I am a firm believer in ‘If you forget the past you are doomed to repeat it.’ If we can remember and celebrate the lives of those who stood up, had an impact and increased the general well-being of human society, than I know we are going in the right direction in this country,” said the Sailor.



# Lessons Learned, An Army Nurse's Perspective

By Mark A.S. Oswell | WRB Command Communications



Col. Joy Napper

In 1989, Joy Napper graduated from the University of Pittsburgh and joined the U.S. Army.

After 28 years of service, Army Col. Joy Napper will retire on May 1, 2018.

During her nearly three decades of service, she has had eight duty assignments spanning from San Antonio, Texas to Fort Campbell, Kentucky – and two deployments overseas to South Korea and Iraq.

Most recently Napper brought her experience to her billet as the deputy director for Quality for Walter Reed National Military Medical Center. Prior to this role she served as the hospital's department chief of Hospital Education and Training, and the deputy director for Nursing Services.

While serving as the deputy director for nursing, Napper helped forge WRNMMC's relationship

with Auburn University student nursing program, Project SERVE, which she describes as one of her most rewarding experience as an Army nurse.

"The nursing students were able to witness our care and compassion for our wounded warrior population and the talks with the Soldiers, Sailors and family members were priceless," explained the Rochester, Pennsylvania native. "I will always cherish this lasting partnership and I am grateful to have been a part of the first meeting to its implementation."

The greatest challenged she faced during her 28 years was leading and motivating personnel during an 11-month deployment to Iraq when she said everyone greatly desired to safely return back to the U.S., Napper said.

"We were the 'Burn Center' for the entire region," she explained. "We had numerous patients with penetrating and blunt trauma but the majority of our patients suffered from second and third degree burns related to IED blasts and other explosives," she added. "You have to look for opportunities to encourage personnel when people are just tired," Napper said.

After retiring, Napper said she plans to further her educational goals by earning her Doctorate in Nursing Practice from the University of Maryland. She plans to move to the Baltimore area and eventually relocate to North Carolina.

Reminiscing on her Army career, Napper said, "I will miss the collegial environment between all

disciplines. Walter Reed Bethesda has been my family away from home for the entire six years of this assignment. I have so many friends from Walter Reed Classic, as well as new treasured friends at Bethesda."

## Col. Joy Napper's

### 5 Bits of Advice for Junior Nurses

**1. Credibility:** Work side by side with your staff your first day of leadership. You will gain more credibility with your staff than you know.

**2. Listening:** There are always two sides to every story. Before you make a judgement make sure you gather all the facts.

**3. Speak-Up:** Do not be afraid to let yourself be seen. It is in our vulnerability when we demonstrate our true strength to our staff and co-workers.

**4. Challenge Yourself:** Be willing to take on the jobs that no one else wants. It is usually in the tough assignments where we grow the most and gather lessons learned for future challenges.

**5. Family First:** Remember you have a life after the military so maintain your work life balance. When all is said and done, you and the time you spend with your family mean more to them than your title and the uniform you wear.

# Walter Reed Bethesda Observes Black History Month

By Bernard S. Little | WRB Command Communications

The Multicultural Committee at Walter Reed National Military Medical Center hosted an African-American/Black History Month program Feb. 28 in the America Building at WRNMMC. The ceremony highlighted this year's theme, "African Americans in Times of War," focusing on the contributions of African-American service members to the U.S. military throughout history.

Command Sgt. Maj. Michelle Jones, recently retired from the Army, and other speakers during the program emphasized that America's strength comes from its diversity and contributions of all people, which is reflected in today's U.S. military.

Jones explained throughout history, even during times of racial tensions, "African Americans have been a constant and visual presence in the U.S. military. Throughout this distinguished history we have honorably served during war and peace, [and] I challenge each of you to not forget the many sacrifices African American veterans before us have made to ensure doors opened for those of us who followed in their precious footsteps," said the daughter of a Vietnam Army veteran who served more than 20 years in uniform. "It's only fitting we take time to recognize and pay homage to those who paved the way," she added.

Army Chaplain (Maj.) Rickie Wambles, who provided the program's invocation, agreed that African Americans who have served in uniform, "through their sheer determination and courage, paved the way for others to follow. Their lives of sacrifice and selfless service make a difference in our world [and] changed the course of history for the good of all. Such men and women are our nation's true heroes, and today the tremendous impact of their lives continues to inspire us to



CSM Michelle Jones

greatness, reminding us of what we can be as a nation and as a people."

Also during the program, service members gave a living history presentation sharing information about the contributions of noted African American Soldiers, Sailors, Airmen and Marines whose efforts influenced others.

A Sailor portraying U.S. Navy Adm. Michelle Howard explained that the U.S. Naval Academy graduate was the first African-American woman to command a U.S. Navy ship, the USS Rushmore; the first black woman to achieve two- and three-star rank, as well as the first woman to become a U.S. Navy four-star admiral. Howard was also the first female graduate of the U.S. Naval Academy selected for flag rank. She retired in January after 36 years in uniform.

A Soldier portraying William H. Carney, the first African American to be awarded the Medal of Honor in 1900, stated that Carney earned the military's highest honor for his heroic and gallant service

during the Civil War's Battle of Fort Wagner in 1863. Born a slave, Carney served in the 54th Massachusetts Volunteer Infantry and retrieved the American flag of his unit when his comrade was fatally wounded. Carney continued to march forward with the flag despite suffering multiple serious wounds himself.

Howard P. Perry, the first African-American U.S. Marine Corps recruit following Executive Order 8802, was also recognized with a portrayal at the Walter Reed Bethesda program. The last branch to accept African Americans into its ranks, the USMC opened its doors to blacks in June 1942 with the acceptance of African Americans as recruits in segregated all-black units. Perry was the first African American to arrive for basic training Aug. 26, 1942 at Montford Point in North Carolina. He later served as a combat cook with the 51st Defense Battalion and is credited with paving the way for other African Americans to serve in the USMC.

An Airman portraying Air Force General Daniel "Chappie" James explained that James was the first African American to achieve the rank of four-star general in the U.S. Armed Forces, pinning on the rank Sept. 1, 1975. James graduated from Tuskegee University in 1942 and flew combat missions during the Korean and Vietnam Wars. He also received the Defense Distinguished Service Medal, two Air Force Distinguished Service Medals, two Legion of Merits, three Distinguished Flying Crosses, Meritorious Service Medal and 14 Air Medals.

Closing the ceremony, WRNMMC Command Master Chief Sean Brown said, "Diversity is the strength of America. We can utilize our differences as strengths, and celebrate knowing that what makes us different is what truly makes us stronger."



# Breast, Brain Cancer Survivor Keeps Faith, Stays Strong In Face of Challenges

By Bernard S. Little and Kalila Fleming | WRB Command Communications



“Keep the faith, keep the fight, stay encouraged and rock on,” said Linda Casteal, a breast and brain cancer survivor in explaining how she lives her life and the advice she shares with others meeting their challenges.

First diagnosed with breast cancer 19 years ago, Casteal, 47, has since faced additional battles against multiple sclerosis, a second diagnosis of breast cancer in 2006 and brain cancer in 2014. She credits her faith, support from her family and the care of the medical professionals at Walter Reed National Military Medical Center with saving her life.

A native of Shreveport, Louisiana, Casteal was active duty Army when she began experiencing pain in her left breast in 1999. She went to her primary care doctor who felt a lump in her breast.

John P. Murtha Cancer Center at WRNMMC tested her for special genetic disposition. The results showed Casteal inherited a mutated BRCA 1 Gene, which can cause the cancer. Her older sister lost her battle with the disease “following a courageous fight,” she added.

Casteal’s daughter, Gabrielle, 25, tested negative for the BRCA 1 Gene. However, her son, Keianno, 23, did test positive for the gene, although he has not developed breast cancer. Less than 1 percent of all breast cancer develops in males, according to the American Cancer Society, which estimates that annually, about 2,500 men are diagnosed with breast cancer.

Treated at the former Walter Reed Army Medical Center for the cancer in her left breast, Casteal had a modified radical mastectomy.

Casteal was medically retired from the Army after nine years and then worked for the Defense Intelligence Agency. She remained in the Washington metropolitan area and continued to receive care at Walter Reed, where she underwent numerous surgical procedures including breast reconstruction.

“I love  
to laugh.  
I love  
to live.”

In May 2001, Casteal began to experience pain and numbness in her legs. She was diagnosed with MS.

Although she has no paralysis,

Casteal said she can’t run like she used to enjoy, but she is grateful that she is still able to get around extremely well.

Casteal continued to work after her first bout with breast cancer and MS diagnosis. Then in 2006, her right breast began to bother her. She was diagnosed with Stage II breast cancer in her right breast and underwent a mastectomy and chemotherapy.

She explained her breast cancer treatment and the medicine she was taking for her MS were challenging. “It felt like a sledgehammer smashing my bones. I was just weak and couldn’t do anything.”

It is during this period that Casteal said her faith became even stronger. “I just thanked God for Walter Reed; the doctors are so awesome... they literally saved my life.”

But in 2014, Casteal’s challenges continued. She began experiencing bad headaches and her kids, who by that time were young adults, began noticing she was having difficulty speaking. Her neurologist sent her to the hospital for a MRI. Results showed she had a cancerous tumor the size of a golf ball on her brain.

“I felt like I was moving in slow motion,” Casteal said.

Because of Casteal’s condition at the time, doctors left the decision of whether to perform the difficult operation on her brain to remove the tumor up to her children. “As hard as that decision was for them, I am very grateful they gave the go-ahead for the surgery, which ended up being a demanding 13-plus-hour procedure.

“All I needed was a chance to fight,” Casteal said. “I just needed to be in the ring. Although my back was against the ropes, I just needed the opportunity to fight, and I thank my kids and the doctors for giving me that opportunity. I told my daughter, ‘Thank you for signing the surgical authorization documents.’”

Casteal said probably the most challenging part of her journey

was her “total loss of cognitive functions and having to relearn to do everything differently again” following her brain cancer surgery. She medically retired from the federal government in January 2017. She added it was “a terrible and painful wake-up call” to realize that she couldn’t operate cognitively like she used to because she “literally loved the type of challenging work she performed daily on her job.”

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“I had to learn how to rethink things, and I needed [my kids] to break things down to the lowest level for me so I could grasp what they were trying to tell me. That hurt them, but they didn’t cry in front of me. I said, ‘I am not able to be the same me, but I’m going to work on becoming a new better me.’

“I love to laugh. I love to live,” said Casteal, who added she will not let herself engage in negativity despite her challenges. “Whoever I can inspire and encourage, that is what I would like to do.”

She is currently in the brain fitness program at Walter Reed Bethesda. The program, designed for service members and others with traumatic brain injuries, uses computer-based tools and other resources to help patients develop healthy brain habits and improve thinking skills.

Janice Basham and Catherine Kofa, nurses who work in the

Breast Care Center at Walter Reed Bethesda, have played a role in Casteal’s care since she was treated at Walter Reed Army Medical Center.

Basham said just being with patients throughout their treatment is supportive. “Like in Linda’s case, she was just happy to see the same faces. To be able to connect with that one person who can see what you’re going through can be supportive. It’s also rewarding for providers to see the transformation their patients undergo in their recovery process. It’s just like a flower blossoming,” she added.

Basham added that the Breast Care Center, as a component of the John P. Murtha Cancer Center at WRNMMC, has a multi-disciplinary approach to care, offering patients services from social workers, oncologists, hematologists and other specialists. The Murtha Cancer Center is the only designated cancer care center of excellence in the Department of Defense.

“It’s amazing what Linda has gone through with her cancers and MS,” Basham continued. “You have to tell some patients, ‘Stop the tears and you’ve got to move on with your life.’ They have to have a good support system and have to fight, like Linda,” she added. “You have to [believe] ‘I’m going to fight this, I’m going to make it through this, and I’m going to survive.’” She added patients must look in the mirror and tell themselves, “I’m beautiful, I’m strong, and I’m powerful.”

“I’m beautiful,  
I’m strong,  
and  
I’m powerful.”



# Murtha Cancer Center Celebrates 5th Anniversary Officials Sign Collaborative Efforts Statement, Multi-Federal Cancer Initiative

By Bernard S. Little | WRB Command Communications



Beginning from left, President of the Uniformed Services University Dr. Richard Thomas, Walter Reed Bethesda Director Navy Capt. (Dr.) Mark A. Kobelja, National Cancer Institute Director Dr. Norman Sharpless and Secretary of Veterans Affairs David Shulkin sign a collaborative efforts statement, multi-federal cancer initiative agreeing to serve as allies to optimize resources in the battle against cancer during the fifth anniversary ceremony of the John P. Murtha Cancer Center at WRB Dec 1. (Photo by Bernard S. Little)

On Dec. 3, 2012 while battling cancer, Andrew Christianson sat in a wheelchair as other dignitaries joined him to cut the ribbon to dedicate the John P. Murtha Cancer Center (MCC) at Walter Reed National Military Medical Center.

On Dec. 1, 2017, Christianson, now an 18-year-old high school senior, competitive swimmer and cancer survivor looking at colleges to attend in the fall, walked from dignitary to dignitary shaking hands during a ceremony celebrating the cancer center’s fifth anniversary.

Christianson is one of a number of cancer survivors treated at the MCC who attended the Dec. 1 ceremony celebrating its last five years and looking to the future of continuing to provide exceptional care while

joining forces with other federal agencies to optimize resources in the battle against cancer. Those MCC partners include Veterans Affairs, Uniformed Services University and National Cancer Institute, whose leaders signed a collaborative efforts statement, multi-federal cancer initiative during the ceremony.

Democratic Leader of the U.S. House of Representatives Nancy Pelosi served as guest speaker at the ceremony, as she did five years ago at the dedication of the MCC. She served in the House with Murtha, the longest-serving member ever in that body of Congress from the state of Pennsylvania. A former Marine, Murtha was the first Vietnam War veteran elected to the House, serving 36 years as a representative. He died in 2010.

Pelosi said those involved in the work and development of the MCC “can take great pride in the

**“We are celebrating our partnerships... past, present and future”**

progress that it has made” since its dedication five years ago. She said Murtha was “a real champion for America being preeminent quantitatively and qualitatively in every way. His main concern

was the well-being of our men and women in uniform and when they became veterans. But he also knew the strength of America depended on how we deal with issues that relate to health, and so the John P. Murtha Cancer Center is an appropriate tribute to his work.”

In his welcoming remarks at the ceremony, Navy Capt. (Dr.) Mark A. Kobelja, WRNMMC director, explained that cancer is a readiness concern for the military with approximately 1,000 service members diagnosed with some form of the disease annually. “[WRNMMC and USU] house some of the greatest intellect in cancer research, and over the last decade we have established a very close relationship with the NCI.” He added that this alliance is unique in cancer care and will be enhanced with the VA, which gives reason for pause to observe the MCC’s anniversary and “the lives that are being saved” by its staff and partners.

Retired Marine Corps Col. Brian Murtha, a Bronze Star recipient and the nephew of the MCC’s namesake, also spoke at the ceremony. He said his uncle accomplished many things “through the people.” The retired colonel explained his uncle was passionate about the military and readiness. “He focused on how do I get readiness, and that was through taking care of [military] families through medical programs like you got here [at the MCC and WRNMMC],” Murtha said.

“As we celebrate the fifth anniversary of DoD’s only Cancer Center of Excellence, we recognize the impact Congressman Murtha’s inspiration and dedication continue to have on healing, discovery, caring, expertise and perhaps, most importantly, hope... the five core values of the center named in his honor,” added Army Maj. Gen. (Dr.) Jeffrey Clark, director of operations for the Defense Health Agency and former director of WRNMMC. He added that Murtha’s

impact is far-reaching beyond the walls of WRNMMC to other facilities within the Military Health System and other federal agencies across the nation.

To enhance DoD’s cancer care and expand its area of expertise, the MCC has partnered with military treatment facilities at Naval Medical Center Portsmouth, Virginia; Womack Army Medical Center, Fort Bragg, North Carolina; Keesler Air Force Medical Center, Biloxi, Mississippi; Naval Medical Center San Diego, California; San Antonio Military Medical Center, Texas; Madigan Army Medical Center, Tacoma, Washington; and Fort Belvoir Community Hospital, Virginia.

The MCC also allies with a number of other cancer institutes and centers throughout the nation as part of ORIEN (Oncology Research Information Exchange Network) Alliance, which is also dedicated to collaborating and sharing cancer data, tissue samples, novel treatments, clinical trials and other information to advance cancer research and care.

The MCC and VA are participating in the APOLLO (Applied Proteogenomics Organizational Learning and Outcomes) consortium. APOLLO is performing deep molecular profiling in DNA, RNA and protein levels of more than 8,000 cancer samples of patients seen in centers by laboratories of DoD through the Murtha Cancer Center Research Program at USU to improve cancer research and care.

“We are celebrating our partnerships...past, present and future,” explained Army Col. (Dr.) Craig Shriver, MCC director, about the MCC’s fifth anniversary event. In quoting Henry Ford, Shriver said, “Coming together is a beginning; keeping together is progress; working together is success.” He added, “By this and any other definition, the MCC is a success. We cannot accomplish all that we need to do without working together.”



Cancer survivors (from left) Kirby Lewis, Marine Sgt. Thomas Jensen, Navy Midshipman Matthew Sears, and Army Capt. George Sun and his daughter cut the cake celebrating the fifth anniversary of the John P. Murtha Cancer Center at Walter Reed Bethesda Dec. 1, 2017. (Photo by Ricardo J. Reyes)



# Raising Awareness About Cervical Health

Story by Kalila Fleming | WRB Command Communications

“Cervical cancer is the most preventable female cancer. Cervical Health Awareness Month [observed during January] is charged with raising awareness about how women can protect themselves from cervical cancer and HPV (human papillomavirus), which is the major cause of cervical cancer,” explained Air Force Col. (Dr.) Chad Hamilton, chief of Gynecologic Oncology at Walter Reed National Military Medical Center.



Air Force Col. (Dr.) Chad Hamilton, chief of Gynecologic Oncology at Walter Reed Bethesda, encourages the HPV vaccine and regular screenings to help women possibly prevent cervical cancer.

About 79 million Americans have HPV, and many do not know they are infected, according to the U.S. Department of Health and Human Services. This does not mean all women with the HPV will get cervical cancer, health-care officials added.

The HHS added that approximately 12,000 women in the United States get cervical cancer each year, with about 4,000 dying from the disease. But the good news is the HPV vaccine can prevent HPV, and cervical cancer can often be prevented

About 79 million Americans have HPV, and many do not know they are infected

with regular screening tests and follow-up care, Hamilton added.

The doctor explained the cervix is vulnerable to a number of health conditions, many of which are asymptomatic. “But some HPV types can cause changes on a woman’s cervix that can lead to cervical cancer over time, while other types can cause genital or skin warts,” according to the Centers for Disease Control and Prevention.

“For most women, HPV will go away on its own; however, if it does not, there is a chance that over time it may cause cervical cancer,” the CDC added. In its early stages, cervical cancer may not cause signs and symptoms, but as it progresses there may be pain and bleeding or discharge from the vagina that is not normal for the woman, including bleeding after sex.

Hamilton agreed that the HPV vaccine and regular screening tests can help prevent cervical cancer. “As gynecologic cancer specialists, we strongly advocate that young women and men ages 9 to 26 get vaccinated against HPV,” he said.

“HPV vaccines have been shown to prevent infection with the two types of HPV that cause most cervical cancers. Also, regular

screening by Pap or HPV tests at recommended intervals is important. These tests help find abnormal cells or high risk HPV in the cervix before cancer develops when it is easily treated,” Hamilton added.

According to the American Congress of Obstetricians and Gynecologists, it is recommended that women start receiving periodic pelvic examinations beginning at the age of 21 (or younger when indicated by medical history). “Age 21 is also the recommended age to start cervical cancer (Pap) screenings, which should then be continued at guideline based intervals based on age and risk factors,” the ACOG added.

The Pap test involves looking at a sample of cells from the cervix under a microscope to see if there are any that are abnormal. The ACOG added the Pap test is also good for finding not only cancer, but also cells that might become cancerous in the future, also known as dysplasia.

Additional recommendations from the CDC to help prevent cervical cancer include:

- Don’t smoke.
- Use condoms during sex
- Limit your number of sexual partners

If a woman is diagnosed with cervical cancer, Hamilton explained that she should be referred to a gynecologic oncologist, a subspecialist with expertise in the management of female genital tract cancers. He added that treatments may include surgery, radiation, chemotherapy or various combinations of those modalities depending on how early the cancer is detected.

For more information regarding cervical health, call 301-400-1258 to contact the Gynecologic Cancer Center of Excellence located on the third floor of the America Building (19) at WRNMMC.

# MEDEVAC Team Assists Victims Involved In Capital Beltway Accident

By Bernard S. Little | WRB Command Communications



From left, Air Force Capt. Amber Hadjis, Army Spc. Mahadi Haque, Air Force Capt. Lindsey Rigby and Navy Hospital Corpsman Stephen Bubenko assisted accident victims of a multi-vehicle crash on the Capital Beltway Jan. 2. (Photo by Bernard S. Little)

Returning to Walter Reed National Military Medical Center from an outbound mission at Joint Base Andrews, Maryland proved to be anything but routine for WRNMMC’s joint-service MEDEVAC team Jan. 2.

On their way back to the medical center after taking a patient to JBA that morning, the four-member team encountered a serious multi-vehicle accident involving a semi-trailer truck and four other vehicles on the Capital Beltway near New Hampshire Avenue.

“[Our] ambulance drivers, Army Spc. Mahadi Haque and Navy Hospital Corpsman 3rd Class Stephen Bubenko, noticed that we had come up on [the] accident [and] there was no EMS or police present,” explained Air Force Capt. Amber Hadjis, a nurse on the MEDEVAC team who primarily works in WRNMMC’s surgical intensive care unit.

“Several cars were involved [in the accident] and people were outside of their cars appearing to need help,” Hadjis continued. “As soon as we stopped, Specialist

Haque and HM3 Bubenko jumped out of the ambulance and started triaging and assessing those who needed help,” she added.

Haque said there were five patients total from the five vehicles involved in the accident.

An Army combat medic since June 2015, Haque, has been assigned to WRNMMC since January 2016. In addition to the MEDEVAC team, he has worked in WRNMMC’s medical/surgical and neonatal intensive care units. Bubenko has been in the Navy since October 2013 as a corpsman.

ICU registered nurse, Air Force Capt. Lyndsey Rigby, a six-year Air Force veteran, was also a part of the MEDEVAC team that

day. She has worked with the MEDEVAC since September.

Hadjis explained that the accident resulted from the semi truck rear-ending a car causing a chain reaction involving the other three vehicles. “The man whose car was hit by the semi had been pulled from his vehicle and was standing unsteadily. Specialist Haque and Captain Rigby lowered him to the ground while HM3 Bubenko and I grabbed supplies [including] a backboard, C-collar, and some dressings for a laceration to the back of his head where it was bleeding,” she added.

“We put him onto the backboard and stretcher and got him into our ambulance. Specialist Haque and Captain Rigby even helped direct traffic to ensure the scene was as safe as possible,” Hadjis continued.

She said civilian EMS arrived on the scene after several minutes.

“I stayed with the patient in the ambulance and set up a monitor to get his vitals,” Hadjis continued. “The patient was stable, but he did not remember what had happened, in addition to the laceration to his head. I explained this to the paramedic, and then found out that they needed help transporting the accident victims to a local civilian hospital.”

They transported the accident victim to a local hospital after receiving the okay from their Command.





# Researchers Probe Diverse Causes of Prostate Cancer to Help Advance Knowledge

By Paula Amann | Department of Research Programs



Jennifer Cullen, director of epidemiology research at CPDR, looks at trends in treatment for high-risk prostate cancer patients, examining differences between Caucasian and African-American patients. (Photo by Paula Amann)

Imagine self-driving cars with two big problems. The owner's manual fails to identify the accelerator or the brakes. Meanwhile, only one manual is available for a range of models. That analogy sums up knowledge of the most common male cancer in 1993 when Shiv Srivastava began its study.

"We didn't know what caused prostate cancer," said Srivastava, co-director of the Center for Prostate Disease Research (CPDR) in Rockville, Maryland.

Neither did scientists grasp that the disease may differ at the cell and genetic level in men of different racial and ethnic backgrounds. Yet, recent research with the diverse patients of Walter Reed National Military Medical Center has revealed subtleties of the disease.

"Up until now, we'd been suspecting race- and ethnicity-associated genomic differences in prostate cancer, but we didn't have definitive data," said

Yet, Jason Sedarsky and Michael Degen, both former urologists at Walter Reed Bethesda, Srivastava and CPDR associate director, Albert Dobi, found just that. Their study published in 2017 in *Nature Reviews/Urology*, looked at global research as well as their own.

Prostate cancer's biological causes include ERG, an oncogene or cancer "accelerator" gene, which Srivastava called the "most validated" gene defect for the disease.

"ERG in model systems, in the lab, in cell lines, and in transgenic mice shows functions which confer cancer properties to cells," Srivastava said.

ERG generally has its highest prevalence in prostate tumors from males of European descent. At the molecular level, though, the disease looks different for African-American and some Asian patients.

"What we found was [that] there were two- to threefold differences in ERG between Caucasian and African-American men with prostate cancer," said Srivastava. Prostate cancer patients from Japan, Korea and China showed the lowest occurrence of ERG.

Also this year, Jennifer Cullen, CPDR's director of epidemiology, and 22 colleagues from the center and its partners looked at ERG oncoprotein expression,



Army Col. (Dr.) Inger Rosner, director of the Center for Prostate Disease Research, scans research data at her office at Walter Reed Bethesda, where she also serves as director of the Urologic Oncology Service. (Photo by Paula Amann)

race, body mass index and cancer relapse after radical prostatectomy in a large sample – 930 patients – from Walter Reed Bethesda.

Their study in *European Urology Focus* confirmed distinct differences in the presence of ERG between Caucasian and African-American men, who show lower prevalence of this oncoprotein.

As for prostate cancer's "braking system," PTEN and PMEPA are tumor-suppressor genes for cancer development. The latter, discovered at CPDR around 2000, serves to curb the function of a receptor for androgen, the male hormone.

"The moment we lose the brake, the male hormone accelerators start," Dobi said, noting that the absence of PTEN or PMEPA can activate cancer cell growth.

As for the presence of these braking systems, differences emerge between men of different backgrounds. In the case of PTEN, Sedarsky and his colleagues found it deleted in a half to two-thirds of Caucasian patients with prostate cancer.

Among African-American males, LSAMP, a missing suppressor gene on chromosome 3, correlates with faster disease progression, according to a 2015 study by Gyorgy Petrovics of CPDR and 33 researchers worldwide.

Meanwhile, prostate cancer's biochemistry may be even more complex than thought. In a new twist, Cullen et al. found a strong link between tumors without ERG and more aggressive prostate cancer in Caucasian men.

Study by study, military medicine is helping to fill in the picture of prostate cancer, say Srivastava and Dobi. An equal-access health care system, coupled with a diverse set of patients (one third



Shiv Srivastava, front, codirector of the Center for Prostate Disease Research, and Albert Dobi, CPDR's associate director, view slides of prostate cancer tumors. Magenta stains reveal the presence of ERG, a gene linked to the disease. Blue stains of cell nuclei show signs of genetic damage. (Photo by Paula Amann)

of them African American), has offered researchers an ample window on the disease.

"It gives us a unique opportunity at Walter Reed [Bethesda] studying this question: race-associated factors in cancer," Srivastava said.

Asked about her own research goals, Cullen cited as her "biggest looming questions" the reason why few patients die of prostate cancer and what patterns may occur in families with multiple cancers.

As cancer researchers race to expand life-saving knowledge, the

U.S. population is becoming more diverse, Dobi noted. What's more, intermarriage between people of varied backgrounds might one day make "self-reported" race or ethnicity hard to gauge.

All the more reason, say researchers, to build a future of personalized medicine, where genetic profiles may open up new choices for patients.

"It may be far off right now, but we're getting there," Srivastava said. "The important thing is it will help us diagnose and treat patients better."



**Army 1st Lt. Amanda L. Crow is a superb and knowledgeable staff registered nurse on Ward 4C in Building 10. She is usually charge nurse and is well-aware of the patients on the floor and her staff. She is more than willing to help her staff if they are too busy. She is doing a great job.**



# WRB Salutes Extraordinary Nurses

By Bernard S. Little | WRB Command Communications

Walter Reed Bethesda recently honored its August, September and October DAISY award winners for their extraordinary nursing care at the medical center.

Army Pfc. Ashley Coyle of 5 West, Rhonda Coutain of 3 Center, and Army Sgt. Russell Beeman of 4 Center, received their awards from WRB's nursing leadership team in the work areas of the honorees.

A patient nominated Coyle, a licensed practical nurse on 5 West, for the August DAISY award, stating, "My stay on this unit was not lengthy, but when I met this nursing team member I knew I

was in the care of an extraordinary nurse at Walter Reed. From the first moment she came to introduce herself, this nurse was concerned about me. This nurse asked all the right questions about pain levels and such..., had compassion beyond that, and a commitment to my care because she didn't just ask questions, but quickly saw to my needs and found answers to my questions.

"[Her] every visit to my room, while meeting and exceeding my needs, was professional and yet seemed personal," added the patient, who wishes to remain anonymous. "I have no doubt this nurse treats everyone this way. This nurse

became my advocate when my discharge was close, helping to make arrangements so my husband did not have to lose a full day of work. I am thankful for my excellent care from all the doctors and nurses, and believe that this nurse should be recognized for her part in that care. This nurse sets an exceptional and wonderful example for others."

Another WRB patient made similar comments about Coutain when nominating her for the September DAISY award. This patient, who also wishes to remain anonymous, stated about Coutain, a registered nurse on 3 Center: "I have never had a nurse like this nurse...she is the most pleasant, compassionate [and] caring person. This nurse not only cared for me as a patient, but also for my wife's needs and comfort. Her pleasantness allowed us to feel comfortable asking questions and getting answers."

The patient, a retired Army command sergeant major who served 34 years in the military, added about Coutain: "Although it was time for this nurse to go home, she ensured that I got my medication and [she] didn't leave until she had taken care of my needs and my wife was comfortable. This nurse made sure the transition to the nurse who was coming in after her went smoothly...The world needs more people with the pleasantness, compassion and caring that this nurse displays at all times. My family and I thank her so much. This nurse didn't make us feel like patients, she made us feel like family."

A WRB visitor, the "trusted" friend of a patient, nominated Beeman for the October DAISY award. The visitor explained he spent "most of each day and much of the evening" with his friend, the WRB patient, during his three-day stay at the hospital. "While there were a number of the nursing team staff [members] on the three units he was on who exercised noteworthy compassion and responsiveness to the needs of the patient, [Beeman] distinguished himself on the morning of June 30."

The nomination stated the patient had two sleepless nights following surgery and he was experiencing

soreness. "I reached out to the first team member I saw in the passageway and it was this nurse [Beeman]. Without hesitation, this nurse first said he [would] find cold packs [for the patient's soreness] and then would work on coordinating [his desired] release. What I found in this nurse that morning was a mature, confident professional with a very positive, get-the-mission-accomplished attitude. This nurse's exemplary performance of duties and the traits he demonstrated are a testament to all of the professional men and women (working) in military medicine who conscientiously and professionally conduct their duties despite the number of patients they may be assigned and the many demands placed on them.

"For those of you genuinely committed and passionate about your duties to assist service members and their families in a military hospital at a time when they rely so heavily upon you, your support is greatly appreciated and not taken for granted," the nomination continued. "For this nurse [Beeman], thank you for taking the measures to meet the demands placed on you and the traits you exemplified on [this] morning," it concluded.

The family of J. Patrick Barnes



Army Pfc. Ashley Coyle earned the DAISY Award for August at Walter Reed Bethesda. (Photo by Kalila Fleming)

established the DAISY award and foundation for health-care facilities to recognize their nursing team members. In 1999, Barnes was diagnosed with the auto-immune disease Idiopathic Thrombocytopenia Purpura (ITP)

and died shortly thereafter in Seattle, Washington. DAISY is an acronym for Diseases Attacking the Immune System.

Grateful for the care nurses provided Barnes during his illness,

Army Sgt. Russell Beeman celebrates his DAISY Award for October with his colleagues. (Photo by A.J. Simmons)



Rhonda Coutain receives the DAISY Award for September at Walter Reed Bethesda. (Photo by Kalila Fleming)



his family began the DAISY award to recognize them for the extraordinary care they provide patients and their families every day.

Currently, more than 2,700 health-care facilities in 17 countries celebrate and honor nurses with the DAISY award. More than 60,000 nurses have been honored with the award after having been nominated for it by their patients, patients' family members, their nursing and professional colleagues, as well as visitors to their health-care facilities. Each nomination tells the story of extraordinary compassion

and care, explained Joan Loepker-Duncan, a cardiology service clinical nurse who serves on the WRB DAISY Award Selection Committee.

Loepker-Duncan explained the WRB's DAISY nurse recognition program began at the former Walter Reed Army Medical Center and the nursing team carried the program over to WRB when WRAMC and the National Naval Medical Center joined forces in 2011. Nearly 70 DAISY selectees have been honored at WRB. Those selectees included nurse practitioners, RNs, LPNs, corpsmen, medics and certified

nursing assistants from inpatient and outpatients areas at WRB. More than 3,000 nominations have been received for DAISY awards since February 2012 at WRB with an honoree chosen monthly.

Nominations for the DAISY award can be submitted to any nurse or clerk at WRB, or by e-mail to joan.loepkerduncan.civ@mail.mil. Nominations can be mailed to Joan Loepker-Duncan, WRNMMC, 8930 Brown Drive, Bldg. 9, Room 2894, Bethesda, Maryland 20889. For additional information about the DAISY award at WRB, contact Joan Loepker-Duncan at 301-319-4617.

Kimbell-Eayrs said progress has been made in a number of these areas, explaining that in the area of communications, there are now town hall video updates and a weekly construction newsletter. She also added that there is now a "Be the Change" Work Group for staff-generated input regarding organizational improvement. In addition, the colonel said there's now an intranet portal with "helpful links, information and tools to make your voice heard. She also encouraged staff members to use the free live webinars presented by Behavioral Health Services Employee Assistance and Worklife4You Programs. A link to the webinar page is on the WRNMMC intranet page.

Discussing IT and telecom at WRB, Jose Izquierdo, acting chief information officer, explained the medical center is transitioning to a new service for television broadcasting during the next four months. He said the new system will add capabilities including more than 50 premium movies on demand for inpatient rooms; 1,200 patient education videos; closed captioning that can be turned off and on per channel; an electronic program guide; and an improved patient experience through system integration of Pillow Speakers for controlling TV, nurses call and control lights.

Staci Harrison, senior administrator for the Assistant Chief of Staff office, addressed content for the television broadcasting, explaining that in addition to providing greater variety of programming for inpatients, the new system will offer the opportunity for the medical center to highlight its clinical capabilities and programs. "It also allows us to edify the Walter Reed Bethesda brand," she added. She explained content will be "informative, relevant and educational for all patients, visitors and staff" at the medical center.

Ryan Emery, Naval Support Activity Transportation program manager, explained that in an effort to improve parking and based on comments from staff, NSAB has started a new parking system. Carpool parking is now located in garages 54, 17 and 32. The new rainbow parking plan is in effect, allowing cars with color NSAB parking permit to park in garages 17, 32, 54, 57, 71 and Lot Z. Rainbow parking hours are in effect from 5 a.m. to 2 p.m. Monday through Friday. Emery added he's continually monitoring parking on NSAB to better serve those who work and receive care at WRNMMC.

Army Col. Charles Unruh, director of administration at WRNMMC, added that valid parking placards must be entirely visible with the tag number facing forward on the rear view mirrors of vehicles parked on base. He also stressed that drivers follow the posted 5-miles-per-hour speed limit in base garages. In addition, he emphasized the garages on base prohibit smoking.

Unruh explained patient parking is for patients only. He said staff may park in patient parking garages (America and Arrowhead) if they have an appointment or accompany a family member to an appointment, but only for the duration of the appointment. Also, disabled staff must display their state-issued handicap permit inside their vehicle and/or have a disabled parking designation on their current license plate.

Teri Lavoie, deputy assistant chief of staff at WRNMMC, and Angela Kinart, project manager, explained the ongoing construction efforts taking place at the medical center.

They explained the construction is to better serve patients and staff at the medical center, as well as prepare for future advances of medicine. The Medical Center Addition and Alterations (MCAA) project will provide a net addition of approximately 135,000 square feet of medical center space with modernized infrastructure and capabilities, Kinart said. Construction is expected to last over the next several years, Lavoie added.

## Parking, Command Climate, Construction Highlight Town Hall

By Bernard S. Little | WRB Command Communications



During a recent town hall meeting at Walter Reed National Military Medical Center, Teri Lavoie (left), deputy assistant chief of staff at WRNMMC, and Angela Kinart, project manager, discuss the future WRNMMC and ongoing construction projections at Walter Reed Bethesda to better serve patients and staff members. (Photo by Harvey Duze)

Base parking changes, information technology upgrades and organizational improvements highlighted discussion during recent monthly town hall meetings at Walter Reed National Military Medical Center.

The WRNMMC leadership team hosts town hall meetings at 7:30 a.m. and noon the second

Tuesday of each month at the medical center to keep staff and beneficiaries informed of news and events at Walter Reed Bethesda.

Army Col. Catherine Kimbell-Eayrs, WRNMMC chief experience officer, discussed ongoing efforts by the Command Assessment Team to improve areas staff

expressed concern with based on the results of the recent climate and culture survey they participated in the latter part of 2017. These areas include communications, sexual harassment and assault reporting, information technology and connectivity, facilities management and construction, organization performance and cohesion, and staff parking.





# Around Walter Reed Bethesda



A cake-cutting ceremony at Walter Reed Bethesda Nov. 10 celebrated the 242nd birthday of the U.S. Marine Corps. Marine Sgt. Maj. Gary D. Moran (right), Sergeant Major of Marine Forces Korea before coming to WRB as a recovering service member, served as guest speaker at the ceremony, referring to Marines as the United States’ “pit bulls” when called upon and needed. (Photos by Harvey Duze and Bernard S. Little)



Army Command Sgt. Maj. Robert C. Luciano (left center), senior enlisted advisor of the Defense Health Agency, visits Walter Reed National Military Medical Center Jan. 31. During his visit to WRNMMC, Luciano received briefings regarding the delivery of care and personnel within various areas of the medical center. As DHA’s SEA, Luciano serves as the personal advisor to DHA Director Navy Vice Adm. (Dr.) Raquel C. Bono on all issues associated with the readiness, morale, welfare and utilization for the 2,000 Soldiers, Sailors, Airmen, and Civilian personnel assigned at 29 locations world-wide supporting the agency. (Photo by MC2 Kevin Cunningham)



Walter Reed National Military Medical Center staff members were in full support of National Wear Red Day, Feb. 2, an observance to raise awareness about cardiovascular disease, the No. 1 health threat to women, according to National Heart, Lung, and Blood Institute, part of the National Institutes of Health, U.S. Department of Health and Human Services. WRNMMC staff wore their red attire for the observance, and gathered for a group photo in the medical center’s Building 9. (Photo by MC2 Kevin Cunningham)



Six Sailors graduated from the year-long Clinical Psychology Intern Program at Walter Reed National Military Medical Center on Oct. 13. The graduating class included Navy Lt. Michael Widroff, Lt. Jessica Riley, Lt. Odelia McFadden, Lt. Milton Dawkins, Lt. Bryan Steinkopf and Lt. LaToya Small. According to officials within the Military Health System, “Mental health, or psychological health, encompasses the well-being of mind, body and spirit, and contributes to overall health and resilience.” The clinical psychology internship program helps prepare new military psychologists to understand and treat the behavioral health concerns affecting the functioning, readiness and optimal health of service members and their families, such as readjustment, depression, post-traumatic stress, anxiety, sleep disorders and substance misuse. (Photo by MC2 Kevin Cunningham)





Miss America Cara Mund visited Walter Reed National Military Medical Center's pediatrics patients and their health-care providers during a USO-Metro visit Jan. 23. Mund brought smiles and words of encouragement to patients and staff in WRNMMC's Pediatrics Oncology and the Inpatient Pediatrics Wards during her stop by the medical center. (Photos by Joe Nieves/Walter Reed Bethesda Command Communications)



The Directorate of Nursing at Walter Reed National Military Medical Center hosted a Pathway to Excellence Carnival & Big Game event Jan. 25-26 in Building 9. The event featured food, games and other activities focused patient and staff safety through creating a positive and healthy work environment for nurses. The event is also part of the Directorate of Nursing's efforts toward P2E designation by the Army Nurses Credentialing Center, which recognizes health-care facilities that integrate specific P2E standards into their operating policies, procedures and management practices to enhance the practice of nursing and create better outcomes for patients. (Photos by MC2 Kevin Cunningham)



Walter Reed National Military Medical Center Chief of Staff Navy Capt. (Dr.) John Rotruck (left), and Navy Cmdr. Hasan Hobbs (right), WRNMMC's director for Healthcare Operations, recognize Diabetes Care Case Management Service Audiology, including nurses Sillo Ngoo (second from left) and Susan Marullo, with the Data Quality Incentive Awards for July 2017 during a brief ceremony Jan. 17. Diabetes Care Case Management led Walter Reed National Military Medical Center for the Data Quality metric of outpatient encounter note closure within three business days by achieving 100 percent for July. Signing and completing outpatient encounters in a timely manner support WRNMMC's commitment to providing safe, high-quality health care. Additionally, successful coding and documentation support and assist with continuity of care, education and training, financial management, medical readiness, population health management, quality improvement, productivity and resource allocation. Each month, WRNMMC Chief of Staff Navy Capt. (Dr.) John Rotruck recognizes the top clinic that achieves the Data Quality benchmark of 97 percent and is the top performer among the clinics at the Medical Center. (Photo by A.J. Simmons)

Army Lt. Col. (Dr.) David Van Echo, service chief of Hematology/Oncology at Water Reed National Military Medical Center, awards Brenda Monk the Outstanding Civilian Service award for her more than four decades of services at WRNMMC. Monk began working at the National Naval Medical Center (now WRNMMC) May 7, 1975. Monk, who retired Jan. 19, worked in the Department of Hematology/Oncology and John P. Murtha Cancer Center at WRNMMC. "Her civil service extended through eight presidential administrations and she shared her expertise, gifts, talents and heartfelt services with many employers, patients and co-workers," stated Mary Ann B. Fitzpatrick, who worked with Monk in the Department of Hematology/Oncology. (Photo by Bernard S. Little)





# Leadership Assesses Results, Plans for Future After Command Climate Survey

By A.J. Simmons | WRB Command Communications



Walter Reed National Military Medical Center Director Navy Capt. (Dr.) Mark Kobelja (right) and the WRNMMC Command Climate Improvement Committee are working to enhance patient and staff experiences at the medical center. (Photo by Harvey Duze)

Walter Reed National Military Medical Center staff recently participated in the Defense Equal Opportunity Climate Survey (DEOCS). The survey, which is performed annually and with each change of command at WRNMMC, is used to assess the opinions of staff members on a variety of focus areas within the command.

“I think there was a lot of good news about the culture that we build at Walter Reed in our Command Climate survey,” said WRNMMC Assistant Chief of Staff Army Lt. Col. Jason Silvernail. “I think one of the ones that I was most proud to see—but not surprised, because I know the quality of our staff—is that our staff is very proud to be associated with Walter Reed.”

Silvernail noted that other positive responses from staff included feeling closely connected to the importance of the organization’s mission, feelings of safety within the hospital and trust in leadership to make good decisions.

“I was very pleased—and more importantly, very proud—to see the number of people completing that survey who were as proud and privileged to work at Walter Reed

as so many of us are. We really do come together and do amazing things every day in patient care, clinical operations [and] facilities management,” Silvernail stated.

The DEOCS also revealed a few areas in which staff felt that the organization could improve, as Silvernail explained: “Although we found a lot of great things that we’re doing, we also found some areas that we need to improve. So the Command Assessment Team, whose work on this has been invaluable in helping us understand these results and move forward, [presented] a couple areas in which we need to improve.”

Silvernail explained the areas in which staff saw room for improvement, saying, “Our staff tell us that they feel safe from assault and harassment here, but that they sometimes feel there are still some barriers to reporting those things if they see them or experience them.”

He also noted that another area in which staff expressed that there was room for improvement was in regards to feelings of inequality between staff members, meaning that some staff members feel

there is a difference between how military, civilian and contracted employees are treated by other staff.

The final area for improvement, Silvernail explained, was in regards to the challenge of the mission: “As important of a mission as we have at Walter Reed Bethesda, it’s also very difficult,” he said. “People often feel very tired... about the pace of work, especially with the complexity of the work that we do at Walter Reed. So we’re very interested in improving all of these areas.”

These points for improvement were collated into four focus areas, each with a staff team leader responsible for gathering feedback from fellow staff members regarding the improvements, as Silvernail explained.

“Our team leaders are pulling together members: interested staff members, as well as some members of the Command Assessment team and anyone who wants to join us in helping make Walter Reed a better place to work,” said Silvernail.

He emphasized the importance of engaging with the staff in this way, saying, “We don’t have some committee decide something in an inner room. We all do it as a team with collaborative care. When we deliver healthcare, when we develop complicated clinical operations procedures to take care of our staff and patients, that’s a team effort. So it is for these improvement areas.”

“By having the team leaders and volunteers on each of the committees, we get input,” said Army Maj. Sofiya Nukalo, executive assistant to the director. “All the staff [members] have great ideas and input on how to improve things, and so this is a great way to give everyone the option to voice their opinion and actually get buy-in from the staff.”

Silvernail agreed, saying, “It’s the staff at that come together to make those things happen, and we’re interested in hearing from them about the best way we can deliver information to them.”

Both Silvernail and Nukalo recognized the hard work and dedication of the Command Assessment Team — a group of WRNMMC staff members,

including Navy and Army personnel — in helping to efficiently and effectively assess the results of the DEOCS.

“They did a phenomenal job,” said Nukalo. “I think [it’s] phenomenal that they volunteer and come to each meeting and continue the whole process even after the survey was over.”

Silvernail and Nukalo also

emphasized the importance of keeping staff members up-to-date with the continued improvements in the command climate. More information about the ongoing work to improve the command climate will be available on the WRNMMC intranet page, email and paper communications, as well as through regular command climate updates at each monthly town hall meeting.

## State of Legal Residence

By Charles Franz  
Office of Legal Assistance

A person’s state of residence is a lot more important than most people realize. It determines, for example: liability for state income taxes, eligibility for “in-state” tuition rates, eligibility for voting in state and federal elections, and where wills are probated.

Legal residence can be particularly complicated when one is in the armed forces because of the transient lifestyle of service members. Where the military sends a service member for duty is not necessarily their “legal residence” or domicile. The duty is considered temporary, whereas one’s legal residence is more permanent — where you plan to hang your hat at the end of your service in the military.

A person can change legal residence at almost any time; however, it is important to understand that legal residence is established, not chosen. One cannot simply choose a state that is particularly friendly to military income and decide it is their legal residence; rather, citizens must first meet three requirements. The three requirements to change your state of legal residence are: you must be physically present in the state, you must intend to remain indefinitely in the state; and you must intend to abandon your previous legal residence.

For example, if a Soldier grew up in Maryland, but is stationed in Texas and finds that he or she likes Texas a lot more than Maryland, legal residence can be changed from Maryland to Texas. A Soldier is in Texas because of being stationed there, so he or she meets the first requirement—“physical presence.”



In order to satisfy the second two requirements, a person can show intent to remain indefinitely in a state and likewise abandoning their previous residence by doing the following:

- registering to vote and actually voting in the new state, -obtaining a driver’s license in the new state, -registering vehicles in the new state,
- updating their most recent

Last Will and Testament to reflect the new state of legal residence,

- purchasing property in the new state, and
- notifying the former state’s relevant department of revenue that legal residence has been changed.

When changing a state of residence, a service member must complete DA Form 2058 and turn it into their personnel office. Pick up a copy of the form from your finance office. This form tells DFAS which state’s taxes to withhold from your paycheck. Filing this form alone, however, does not change state of legal residence. This form is filed to adjust state income tax withholding after a person has taken necessary steps to meet the requirements to change their state of residence.

One last thing: “legal residence” is not the same thing as Home of Record. Home of Record is a military administrative term used to determine specific military entitlements (e.g., calculation of transportation costs when you get out of the Army). It is typically the state where a person joined the military, and can only be changed if it was done incorrectly at the time of enlistment.

Legal residence is a complex, but very important issue, especially for service members and their families. For those eligible to receive legal assistance services, please contact the Legal Assistance Office at (301) 319-7828 or (301) 295-6052 to schedule an appointment to discuss questions about state of residence, state taxes, or any other related matter.



# Tooth Fairy Not the Only Winner When It Comes to Children’s Oral Health

By Cmdr. (Dr.) Sabina Yun, Pediatric Dentist

They are questions as old as dentistry: Are baby teeth really that important? Won’t they just fall out anyway? Do I really need to take care of them?

The answers are just as old: Yes, they are important. Yes, they will fall out anyway. Yes, it is important to take proper care of them from the very beginning.

The fact is baby teeth are as important to children as permanent teeth are to adults. Adults and children alike need teeth for proper chewing and nutrition intake, speech development and establishing self-assurance and confidence for every time we smile. In addition to those basic functions, baby teeth serve as space savers for permanent teeth and help guide them into their proper alignment.

A baby tooth normally remains in a child’s mouth until a growing permanent tooth is ready to erupt through the gums. If a child loses a tooth prematurely due to an accident or extraction of a diseased tooth, it will lead to the loss of space and has the potential to cause the new permanent tooth to erupt out of alignment or fail to erupt completely. Improperly aligned teeth may require expensive and time-consuming orthodontic treatment in the future. For those reasons, it is very important that baby teeth are kept healthy and in place until they are lost naturally.

Keeping baby teeth healthy should start just days after birth and continue for a lifetime of healthy oral care.

The first care you provide is



Beneficiaries participate in a dental fair at Walter Reed Bethesda in February.

actually for the baby’s gums. Start cleaning your baby’s gums using water and a soft towel or cloth. As the teeth begin to erupt, start brushing with an age-appropriate toothbrush twice a day (after breakfast and before bedtime) using a fluoridated toothpaste that has been approved by the American Dental Association.

For children less than 3 years old, use a small smear or rice-size amount of toothpaste for brushing. For the 3- to 5-year-olds, use no more than a pea-size amount. Brush twice a day, and rinsing after brushing should be kept to a minimum or eliminated completely. Remember to assist your child because their manual dexterity and cognitive understanding are not mature enough to effectively clean their teeth. A good gauge to go by is

their ability to tie their shoelaces; help with brushing children’s teeth until the can confidently tie shoelaces on their own.

Another way to promote healthy teeth is to simply drink fluoridated water. Consuming fluoridated water and using small amounts of fluoride topically on a routine basis can help prevent tooth decay by strengthening tooth structure and reducing bacterial activity that causes cavities. Research shows that community water fluoridation has lowered decay rates by more than 50 percent which translates to fewer cavities. So encourage your child to sip fluoridated water throughout the day to make their teeth stronger.

While beneficial, it is important to note that too much fluoride can lead to fluorosis which can cause

staining or pitting of the teeth.

The last key to proper baby teeth care is to watch what you children eat and drink. Dietary choices play an important role in oral health. One common cavity-causing mistake is to allow children to fall asleep with a bottle or nurse a sippy cup filled with milk or juice. It is important to limit prolonged

and frequent exposure to simple carbohydrates, foods that break down into sugars in the mouth. These include the obvious sugary foods, such as cookies, cakes, soft drinks, juice and candy, with the sticky types being the worst. Some other non-obvious foods that can potentially contain a lot of sugar are granolas, crackers and

cereals. Offering young children healthy snacks such as cheese, nuts, beans, vegetables and fruits is important to develop healthy teeth. If a bottle or sippy cup is necessary to help soothe a child or help them sleep, water or a sugar-free drink are better options than milk or surgery juices.

## Employee Assistance Program: WorkLife4You

National Capital Region Medical Directorate (NCR MD) has expanded its agency’s paid-for Employee Assistance Program benefits for employees by adding WorkLife4You this fiscal year.

WorkLife4You serves as a resource center to help employees simplify their lives. Almost anything that you would spend time researching can be done for you through WorkLife4You specialists and expert guidance.

Worklife4You can assist you in finding appropriate child care, adult care, schools, fitness centers, home improvement professionals, movers, pet care, adoption resources and much more – all with confirmed availability and personally matched to your needs.

Another benefit of the WorkLife4You program is the free in-person senior care assessment. WorkLife4You will arrange for credentialed professional care managers (PCMs) to provide up to three hours of in-person services at no cost to you. PCMs

are trained to assess the health, safety and emotional needs of loved ones and direct families to the right resources at the right time. PCMs can provide:

- In-home assessments and recommended care plans
- Facility reviews and evaluations (assisted living, retirement homes, etc.)
- Post-hospitalization assessments prior to discharge
- Ongoing care coordination of medical services, bill payment, appointment coordination and access to community and senior services

Plus, WorkLife4You’s specialists can provide referrals to resources recommended in your care plan and ongoing support and assistance.

The WorkLife4You program also provides WorkLife4You Kits containing free products and information. The following kits are available: Prenatal Kit for expecting parents; Child Safety Kit for parents and toddlers;

College Kit for college-bound students; Adult Caregiver Kit for caregivers and Be Well Kit for those trying to get healthier.

Free and up-to-date educational materials on a wide range of topics such as child care, parenting, pregnancy, adoption, senior care, aging, fitness, weight loss, budgeting, relocation, college, pet care, deployment, balancing home and work life and much more are also available. Employees can request any of this information by calling the Worklife4You phone number: 1-800-222-0364 (TTY: 1-888-262-7848).

Additionally, employees can obtain information online by becoming a NCR MD WorkLife4You member. Online access provides tips and tools including articles, webinars, moderated discussion groups, educational guides and more. To create your member account, login into [worklife4you.com](http://worklife4you.com). Look for the Member login box, follow “start now” link and enter Registration Code: NCRMD.

(NCR MD)



Toni Shivers is an extraordinary member of the Team Walter Reed and deserves to be recognized as such. Toni Shivers is one if not the best member of the Tier III Desktop Support staff. I was in a jam and unable to work without a special search engine. Ms. Shivers was professional, fast, courteous, and went above and beyond to ensure I was up and running in under five minutes. Without her speed and knowledge of systems I would have been unable to do my job properly. This would have also meant that patients would have been inconvenienced as well. So this is a “Shout-Out” to Ms. Toni Shivers of the Tier III Desktop Support, Information Technology Department.





# WRB Recognizes Fourth Quarter, Yearly Award Winners

By Bernard S. Little, Photos by MC2 Kevin Cunningham | WRB Command Communications

Walter Reed National Military Medical Center leadership recognized its fiscal year 2017 fourth quarter and yearly award winners during a recent ceremony in Memorial Auditorium.

During the November event, the leadership team recognized “the superior performance of [its] military and civilian personnel, including the medical center’s volunteer force with emphasis on their outstanding achievements, exemplary personal conduct, military bearing and initiative in the performance of duty,” stated Hospital Corpsman 2nd Class Jonathan Spears, executive assistant to WRNMMC’s command senior enlisted leader and master of ceremonies for the event.

For fiscal year 2017, Hospitalman Apprentice AnhThu Nguyen earned WRNMMC’s Blue Jacket of the Year, Hospital Corpsman 2nd Class Susan Joslin was selected Junior Sailor of the Year, and HM1 Matthew Combs received the Sailor of the Year honor.

Nguyen, the events coordinator for WRNMMC’s Warrior Family Coordination Cell, said of her Blue Jacket of the Year honor: “This award reassured me of my decision to serve, and my career in the Navy. I hope to encourage my peers to continue to dedicate themselves to their work and service to others. Also, I hope that through winning this award, leaders will know that it requires [their] positive example, actions and compassion [to] motivate those under them to follow and do the same.”

Nguyen, who is pursuing a degree in health service management and possibly a commission as an officer, explained that her job as events coordinator is rewarding



Hospital Corpsman 2nd Class Susan Joslin (center) is recognized as Walter Reed Bethesda’s Junior Sailor of the Year.



Hospital Corpsman 1st Class Matthew Combs (center) is recognized as Walter Reed Bethesda’s Sailor of the Year.



Hospital Apprentice AnhThu Nguyen (center) is recognized as Walter Reed Bethesda’s Blue Jacket of the Year.

because it allows her the opportunity to provide support and encouragement to wounded, ill and injured service members and their families when they need it most – when they are healing and rehabilitating.

“To me, what my team does, along with donors and other organizations, receiving a genuine smile and appreciation from our service members and their families, and hearing their stories of how each event or donation has helped them, are what motivates me,” Nguyen added.

“Winning Blue Jacket of the Year was a proud moment, especially when competing against some very impressive nominees with many accomplishments,” said Nguyen, who’s been in the Navy 17 months and assigned to WRNMMC for a little more than a year. “It was a humbling feeling knowing I could not have achieved it without the tremendous amount of support and help I received in preparation, as well as everyone close to me, who have molded me into becoming the person I am today,” she added.

Joslin, the leading petty officer for General Internal Medicine Service, Department of Medical Services, shared similar sentiments about earning WRNMMC’s Junior Sailor of the Year honors.

“It was a very humbling experience,” Joslin explained. “I was not expecting to win at all. I think that there are many deserving Sailors whom I have had the pleasure of work with, but with a little hard work, persistence, and a lot of dedication, anything can be accomplished. I am honored to have been selected as JSOY.”

Joslin’s daily duties include patient care, as well as providing guidance to the junior Sailors in her unit. She

stated the most rewarding aspect about what she does occurs when junior Sailors come to her for help and she is able to point them in the right direction.

“I feel that my leadership set me up for success and in the end, it led me to winning JSOY,” Joslin stated. “Anytime they saw an opportunity for me to participate, learn, and grow they always volunteered me for the job, which has allowed me to reach the command in ways I could not have done by myself.”

Joslin, whose been in the Navy four years and assigned to WRNMMC a little more than three of those years, added, “I look forward to what the Navy has in store for me and as one of my mentors once said, ‘One step at a time,’ meaning I have to pick up HM1 before one day, and hopefully, putting on anchors.”

In addition to the yearly award winners, WRNMMC recognized its 2017 fourth quarter honorees including HM1 Rolando Samortin (Senior Sailor), HM2 Jonmichael Heldorfer (Junior Sailor), and Hospitalman Mercy Onwunta (Blue Jacket). Navy Ensign Molly Forte earned the award as nurse preceptor of the quarter, and Navy Lt. j.g. Katarina Uebelhor received the junior officer of the



Walter Reed National Military Medical Center Director Navy Capt. (Dr.) Mark Kobelja (left) and Command Master Chief Sean Brown (right) recognize the medical center 2017 fourth quarter and yearly award winners during a recent ceremony in Memorial Auditorium.

quarter award. Barbara Sitton earned WRNMMC’s senior civilian of the quarter award and Tiffany Cabrales-Marshall earned the junior civilian of the quarter honor.

WRNMMC leadership also recognized American Red Cross volunteer Hugh Eagleton as the Volunteer of the Quarter for the third quarter for calendar year 2017. Eagleton has volunteered for three-and-a-half years and served more than 750 hours in support of WRNMMC’s Inpatient Physical Therapy Team, patients,

families and staff, according to Marin Herman, Red Cross station manager at Walter Reed Bethesda.

Eagleton, a retired Navy captain, “completes all tasks asked or not, with excellence, allowing the team to have more time to spend with patients providing better care. The Inpatient Physical Therapy Team describes [Eagleton] as wonderful to be around, incredibly cordial to everyone who comes in the door, and is just a joy to have here in the department,” Herman added.



**Carol Wright is the registered nurse in CT that assists daily with procedures being done in Radiology. The procedures include biopsies, markings, cardiac ablations, stent placements and interventional procedures. Most patients are sedated and Ms. Wright only attends to them for about an hour, but many of the procedures are life-saving. A lot of the procedures done in CAT scan aid in diagnosis, cancer staging and treatment. But the work, just like the nurses and technologists and doctors doing the procedures and taking the images, are forgotten because it is one or two hours in Radiology.**

### Radiology/MRI scheduling and staff 2017-11-17

**My daughter required an MRI and I called to schedule. The scheduler was so kind and my daughter was scheduled for her scan at a date and time that worked for us. I was amazed that they were able to get her in so quickly (they scheduled her for a date three days from the day I called). I also want to thank the [Radiology/MRI scheduling and] staff for being so patient. We were 15 minutes late for our appointment and they took it in stride. I appreciate the rapid response, care and understanding of the MRI crew.**

**Today I stopped by to request images/studies for my daughter’s upcoming consultation at Hopkins. The staff in the records department put all of my daughter’s relevant studies on a disc and he was kind enough to add two studies I had neglected to request. He explained that it was not encrypted, so it could be opened at Hopkins. In 15 minutes I [received] all I needed. I am very impressed with the professionalism and courtesy of the [Radiology Records] staff there!**



# Navy SG Discusses Priorities During Admiral’s Call at WRNMMC

By Bernard S. Little | WRB Command Communications



Navy Vice Adm. (Dr.) C. Forrest Faison III, Navy surgeon general and chief, Bureau of Medicine and Surgery (BUMED), answers a question during an Admiral’s Call at Walter Reed National Military Medical Center Jan. 30. (Photo by Bernard S. Little)

“Hope, caring and compassion are the hallmarks of military medicine,” said the U.S. Navy’s top doctor during an Admiral’s Call with Walter Reed National Military Medical Center staff Jan. 30.

Vice Adm. (Dr.) C. Forrest Faison III, Navy surgeon general and chief, Bureau of Medicine and Surgery (BUMED), added, “Around the world today, men and women are alive and home with family because of the hard work, dedication and sacrifices of those who came before you. You carry on their legacy by wearing [the nation’s] uniforms.” He encouraged those who wear those uniforms to respect the privilege, as well as to honor the privilege of leadership.”

“Leadership is not a right, [but] a privilege,” Faison continued. “Leaders don’t sit on mountaintops and think great thoughts; they’re down among the people who know what’s going on, doing what they need to do to get the job done today, and challenging

them with the job for tomorrow,” he added.

Much of the surgeon general’s discussion with the WRNMMC staff concerned the importance of readiness for those in military medicine. He explained that not only doctors and nurses must be ready to deploy anywhere in the world at a moment’s notice, but corpsmen and medics must also have the training and skills to treat patients in diverse and challenging conditions with limited resources because they will be the ones who provide the first care to those injured on the battlefield.

Faison added that he was also at Walter Reed Bethesda to thank the staff for what they do every day in taking care of the nation’s heroes and their families. “You do amazing work every single day,” he said.

The Navy SG also praised the “unprecedented” survival rate of more than 90 percent of those injured on the battlefield during

Operation Enduring Freedom and Operation Iraqi Freedom.

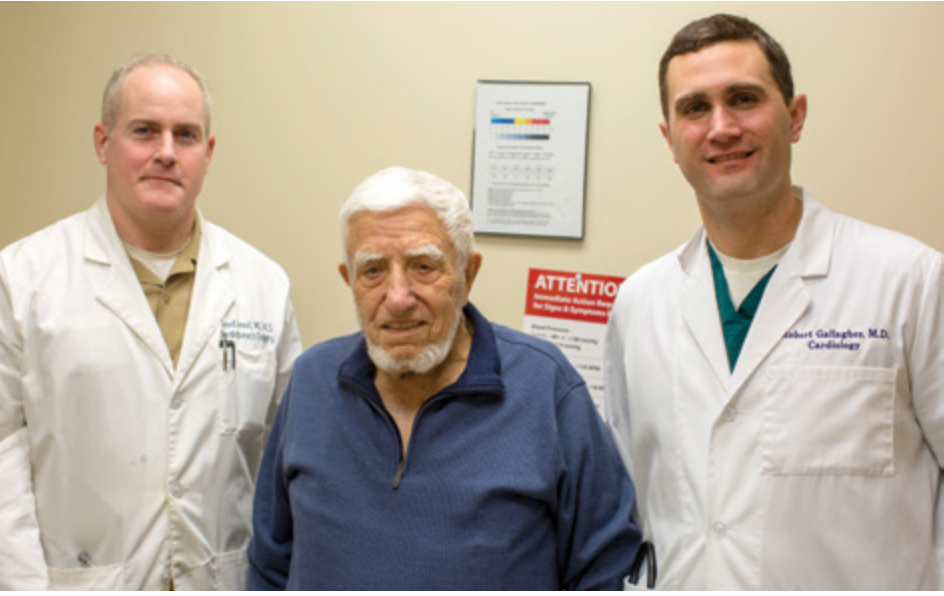
Faison said that while the battlefield survival rate remains unprecedented and those in military medicine continue to protect, maintain and restore the health of service members, their families and other beneficiaries of the Military Health System, some people continue to question the need for a military health-care system. He explained some of this uncertainty can be attributed to the fact that “less than 1 percent of our nation population has served in uniform, [and] only one out of every five lawmakers who serve on Capitol Hill has served in uniform. “They tend to look at us through a lens of peacetime health-care efficiency.”

This is a narrow scope according to Faison, explaining that those who serve in military medicine must maintain readiness to save lives wherever U.S. forces operate, in addition to providing the best care the nation can offer to service members and their families to keep them healthy, ready and on the job. This requires specialized training, experience and skills, he said.

Faison added that the National Defense Authorization Act demands a more ready and capable force to protect the nation and its interests by doing missions with greater efficiency, centralization, coordination and partnerships. He said military medicine must be ready to get a “well-trained, qualified, prepared force out the door quickly when the balloon goes up.” In addition, he explained that Navy medicine, in conjunction with the Army and Air Force, is leveraging joint opportunities with the Defense Health Agency.

# Walter Reed Holds Special Place in World War II Veteran’s Heart

By Ricardo J. Reyes | WRB Command Communications



From left, Navy Capt. (Dr.) Jared Antevil, chief of Cardiothoracic Surgery at Walter Reed Bethesda; retired Navy Chief Petty Officer Anthony Musco, a veteran of World War II, Korea and Vietnam; and Navy Cmdr. (Dr.) Robert Gallagher, interventional cardiologist at WRB, discuss the recent trans-catheter aortic valve replacement (TAVR) Musco’s underwent at WRB in January. (Photo by Ricardo J. Reyes)

Navy Chief Petty Officer Anthony Musco, a retired World War II, Korean and Vietnam veteran recently began experiencing shortness of breath and a lack of energy.

These are two “typical symptoms of severe aortic valve stenosis,” according to Navy Cmdr. (Dr.) Robert Gallagher, interventional cardiologist at Walter Reed National Military Medical Center.

Aortic stenosis is a narrowing of the aortic valve opening, “a condition that is uniformly fatal without treatment,” explained Gallagher.

“Because of his age of 92 and his other medical history, he would have been a very high-risk

candidate for open heart surgery,” said Navy Capt. (Dr.) Jared Antevil, chief of Cardiothoracic Surgery at WRNMMC. “But because of our trans-catheter aortic valve replacement (TAVR) program, we were able to offer him treatment,” Antevil added.

TAVR involves replacing one’s aortic valve by inserting a catheter through their femoral artery, located near the groin, explained Antevil.

“[Musco’s] story highlights the tremendous strides we’ve made in the field of heart surgery,” Antevil said. “He had open heart surgery almost 50 years ago, and now he’s had a more advanced, less invasive procedure in the same hospital.”

In 1972, Musco, a retired aviation radioman and current little league baseball umpire, learned that he needed an emergency coronary artery bypass surgery after a routine physical. The surgery helps people whose coronary arteries have become narrowed or blocked by fatty material called plaque. The bypass allows more blood and oxygen to flow to the heart muscle.

“He would have been one of the earlier people to have had bypass surgery” at the then National Naval Medical Center,” Antevil explained. Not only did Musco recover well from that surgery, “but all of his bypass grafts are also still open today, the mark of a great surgeon and a great patient. It is unusual to have a bypass surgery still look perfect almost 50 years later,” Antevil added.

The recent procedure Musco underwent was invented a little more than 10 years ago, Gallagher explained. “It has become available for people who are not ideal for open heart surgery. They can get this done without an incision, without even going to sleep most of the time, and they spend a couple of days in the hospital, and they are back to it,” he added.

For Musco, his TAVR procedure was done on Jan. 19, 2018, and he was discharged on Jan. 21. During his first follow-up at WRB, to which he drove to, he seemed to be on the right track to recover and grateful for another shot at life, his physicians explained.

“Doctors, thank you very much,” expressed Musco. “You have given me a new life.”



Over the course of two weeks [when end-of-tour awards were due in] I was in constant communication with Babara Ison regarding [the new system, required supporting documents, department points of contacts and the review process]. Every single time, she was upbeat, polite and extremely helpful. When she didn’t know the answer, I knew I could count on her to find out the answer and get back to me quickly. Twice she went above and beyond to load the tracker on her end so that in unison we could work through the pull down menus and some document templates together to make sure awards from our department were appropriately submitted. Thank you and Bravo Zulu Ms. Ison for your consistently excellent support.



# U.S. Army Element-North Inducts NCOs into Time-Honored Corps

By Bernard S. Little | WRB Command Communications



Sgt. Dylan Thiel passes through a ceremonial arch and raised swords as part of his induction into the Noncommissioned Officer Corps during a ceremony at Walter Reed Bethesda Jan. 19. (Photo by Bernard S. Little)

Passing through a ceremonial arch and a pair of raised swords crossed at the tips to form the likeness of the chevrons that they now don, 21 Soldiers assumed greater responsibility and induction into the Army’s Noncommissioned Officer Corps during a ceremony rich in tradition Jan. 19 at Walter Reed Bethesda.

Army Command Sgt. Maj. Michelle Jones challenged the inductees to “practice CPR [that of the Basic Leader Course],” in their new roles as leaders of junior service members.

“I need you to be ‘C,’ caring, compassionate and committed. I need you to be ‘P,’ a professional, and ‘R,’ to stay ‘R,’ relevant,” said Jones, CSM for U.S. Army Element-North, host for the ceremony.

“You are the face of the NCO

Corps, and everything that you learned you need to give it back to someone,” Jones added. “Continue to teach, coach and mentor,” she said.

Army Command Sgt. Maj. Abdel F. Guzman, CSM for USAE-South, agreed. He served as the ceremony’s guest speaker and also issued similar challenges to the new inductees.

“We have to deliver health care, but we also have to take the time to honor and uphold our traditions,” Guzman said. He added officers put “great responsibility” in their NCOs, and that “throughout the ages,” NCOs, known as “the backbone of the Army,” have always met those challenges and missions.

Guzman also stressed to the inductees the importance of their

missions at WRB. “You’re here for a reason -- to take care of our great beneficiaries. This is your home game, and the Army also prepares us to do away games [as an expeditionary force]. We should always do away games, but while you’re here [at] this incredible enterprise, what you do is amazing [because] there are so many champions amongst you.

“A winner, [whether] by luck, chance, [or] the grace of God, one day gets it right and wins; champions win consistently. You are champions,” Guzman added.

He encouraged the sergeants to continue to honor their profession by establishing good reputations through individual effort, performance and results. In addition, he stressed that trust, communication and humility are important to building strong and committed teams.

“Commit to the team and focus on assignments, and more importantly, focus on your Soldiers,” Guzman continued. “Value the individuals [on your team], and they will value the team. It’s tough to be tough, and you must be tough, [but] know the difference between being tough and being toxic. Tough builds; [being] toxic will break your reputation, and reputation matters.”

Guzman also praised the WRB induction ceremony, designed to enhance the esprit de corps of all NCOs in the USAE-North.

Sgt. China Stephens, one of the newly-inducted NCOs, said she felt honored and privileged to join the ranks of the NCO Corps. “Being a junior enlisted you see how hard your NCOs work. You

see how much everyone relies upon them. They truly are the backbone of the Army.”

As a new NCO, Stephens said she feels that she “definitely needs to be on top of her game. I’ll have eyes on me looking for guidance, so I feel I will not only have to know the standard but also be the standard and enforce the standard,” furthered the paralegal who works in the Legal Assistance Office at WRB.

Sgt. Kirill Myshin agreed that with induction into the NCO Corps

comes increased responsibility. He explained his mentors began preparing him to mentor and supervise his junior Soldiers when he was a specialist. He added the induction ceremony served as a formal recognition of his transition from being a junior Soldier to a NCO, “understanding that, yes, it’s an [increase] in pay and you can now live off post, but more importantly, you are in charge of people’s lives, enforcing policies and subject to punitive punishment if you don’t uphold those policies and regulations. You are forming the junior Soldiers,

and you are ultimately creating what the Army will be and how it will be perceived,” he added.

Other inductees at the ceremony included: Sgts. Ella Muravska, Joo Shin, Jamie Williamson, Gerald Hinton, Dylan Thiel, Staff Sgt. Saul Martinez, Sgts. Michelle Baker, Soulvannaly Keel, Rebecca Owusu, Staff Sgt. Isaam Muhammad, Sgts. Winrose Karunde, Kyle Avery, Dayton Workman, Biancacamille Culata, Russell Beeman, Enock Tetteh, Jose Munoz, Brittany Sepulveda and Bekim Shaqiri.

# Walter Reed Bethesda Nurse Receives Senior Civilian Leadership Award

By Bernard S. Little | WRB Command Communications



Retired Navy Lt. Cmdr. Manuel “Manny” Santiago, clinical nurse specialist at Walter Reed National Military Medical Center, receives the 2017 Senior Civilian Leadership Award during the Association of Military Surgeons of the United States Awards Banquet at the Gaylord National Harbor Convention Center Nov. 30, 2017.

Retired Navy Lt. Cmdr. Manuel “Manny” Santiago, clinical nurse specialist in Trauma and Acute Care Services at Walter Reed National Military Medical Center, received the 2017 Senior Civilian Leadership Award during the Association of Military

Surgeons of the United States Awards Banquet at the Gaylord National Harbor Convention Center Nov. 30.

The Military Health System’s Civilian Nursing Leadership Award panel selected Santiago for the award based on his job performance, leadership skills, extra duties and other factors. The panel evaluates those nominated for the award based on their “impact in the delivery of nursing care, development of health-care professionals, and development of services and products beyond [their] assigned responsibilities,” according to MHS officials.

Santiago instructs nursing staff on routine and specialized nursing care, as well as develops educational programs to increase professional knowledge and improve operational readiness for nursing staff at Walter Reed Bethesda.

He said the most rewarding aspects of his job includes educating staff and “bringing nursing team members evidenced-based practices at the bedside [for] safety and quality improvement in health care to improve patient outcomes. Our patients deserve the best and most effective

care available based on the best available evidence,” he added.

Originally from Fajardo, Puerto Rico, Santiago served 25 active duty years in the Navy, including four at Walter Reed Bethesda where he has worked as a civilian nurse for the past eight years. He said he became interested in nursing while studying marine biology.

“My family did not have the means to help me with my education, so I decided to join the U. S. Navy as a hospital corpsman, which was the closest enlisted classification related to biology,” Santiago explained. “It was while I was practicing as a hospital corpsman that my division officer sat down with me and encouraged me to pursue the nursing career. Well, I listened and I applied to the Navy’s Medical Enlisted Commissioning Program, in which I was accepted and received my Bachelor of Science in Nursing (BSN) in less than 18 months.”

Santiago has been a nurse for more than 24 years, and he said he’s inspired to keep doing what he does by seeing those he’s mentored and trained as junior nurses achieve higher levels of education and positions.



# Walter Reed Bethesda's Children's Center Offers Healthy Habits Program

By A.J. Simmons | WRB Command Communication



Staff members of The Children's Center at Walter Reed Bethesda offers the Healthy Habits Clinic to promote healthy diet and activity for children 6 to 18 years of age. (Photo by A. J. Simmons)

The Children's Center at Walter Reed National Military Medical Center offers the Healthy Habits Clinic to promote healthy diet and activity for children 6 to 18 years of age.

"Healthy Habits is a program for individuals...who have high or rising body mass index (BMI) or who have been diagnosed as being overweight or obese," explained Leslie Lipton, a certified pediatric nurse practitioner at WRNMMC who helps organize the Healthy Habits Clinic.

The clinic, as Lipton explained, operates through the expertise of its core staff, which includes pediatric endocrinology, general pediatrics, adolescent medicine, pediatric nutrition, child psychology and MWR exercise staff. The goal of the clinic is to help patients improve their health and happiness through

"behavioral lifestyle modification."

"We know that the long-term consequences of obesity are likely to have significant chronic health effects, and the best way to combat these health effects [is] to prevent them," Lipton elaborated. "Fortunately, in children, it's possible [to] intervene and reverse obesity before the development of health comorbidities."

The ten-session curriculum of the clinic can be entered at any time, with the first session serving as an initial intake that includes fasting labs, as well as an extensive history and physical examination. Follow-up sessions are then held monthly at the base's gym. These sessions are usually held on the second Wednesday afternoon of each month and feature 60 minutes of group exercise, nutrition-based education and a complementary behavioral health module.

Each month also includes an opportunity for participants to review and modify their individual goals with a staff member of the clinic.

Lipton also pointed out that the clinic requires parental support and participation. Additionally, she encouraged having siblings participate together, "as we realize healthy eating and living is a family endeavor."

"The clinic sounds intensive, and it is. But it's also a lot of fun, and it works," explained Lipton. "A recent statistical analysis demonstrated an overall decrease in BMI during and after participation in the Healthy Habits Clinic."

Lipton noted that the same study also demonstrated positive behavior changes reported by the participants, including a decrease in sedentary behavior, improved nutrition and an increase in physical activity after participating in the clinic for three to six months.

Lipton spoke about the observed improvement in Healthy Habits participants, saying, "Our message is being heard and our participants' changes in behaviors really do become 'healthy habits.'"

To learn more about the Healthy Habits Clinic and/or the Children's Center at WRNMMC, contact (301) 295-4939. Staff representatives are able to answer any questions and help determine if the clinic is right for you.

# Army Specialist Goes Extra Mile for Patient

By Kalila Fleming | WRB Command Communications

Commitment, compassion and empathy for others are the adjectives Navy Capt. Elizabeth Vogel-Rogers uses to describe the work ethic of Army Spc. Gyanendra Sah.

Vogel-Rogers, department chief of the 5th and 7th floors at Walter Reed National Military Medical Center, explained that Sah, who works in the Inpatient Psychiatric Unit, "ensured the safety of a former patient, and in doing so very well may have saved [the patient's] life," during an encounter late last year in Building 2.

The encounter began when the former patient approached Sah, on his lunch break at the time in one of Building 2's dining facilities, and stated, "I need to talk to you. I don't think I want to do this anymore. I'm done."

Sah, a shift leader on IPU who also helps to maintain a safe, healthy therapeutic environment for patients on the floor, sat down with the patient and talked with him for about 45 minutes before escorting him to his scheduled appointment and performing a safe hand-off with a member of the Outpatient Behavioral Health Clinic, according to Vogel-Rogers. "[Sah] is a role model for us all," she added.

The Army specialist explained he talked to the patient about importance of going to all medical appointments and following the medical board process until it was completed. "I [informed] the patient that all the medical appointments are important because they help determine the kind of help needed after discharge from the military," Sah stated.

He said he also discussed with the patient the importance of planning for the future while still in the military, and even asked the patient about the patient's family.

A few weeks after the incident, Sah met with the patient, who thanked



Army Spc. Gyanendra Sah said the most rewarding aspect of his job is when he hears a patient say, "Thank you for your help," or "Thank you for listening to me." (Photo by Kalila Fleming)

him for staying and talking with him that day.

Army Capt. Angela Mansingh, Sah's supervisor, said, "I am so proud of [Sah], as are his peers and supervisors. He is the epitome of a professional, compassionate and humble Soldier. The best thing about this story is that this is reflective of who [Sah] is every day when no one is watching. It's an honor to serve with him and watch him live the Army values."

Originally from Dharan, Nepal, Sah came to the United States in 2008 as an international student to study biological and environmental science, earning a master's degree from Troy University in Troy, Alabama. He joined the U.S. Army as a behavioral health specialist in November 2014 through the Military Accessions Vital to the National Interest (MAVNI) program during his student visa status.

Sah said the most rewarding

aspect of his job is when he hears a patient say, "Thank you for your help," or "Thank you for listening to me." He added that he sees a diverse group of patients, and that he is motivated in helping them get back to full functionality and normalcy.

For information concerning suicide prevention, visit the website <https://www.realwarriors.net/family/support/preventsuicide>.

If you or someone you know needs help, call:

- Military Crisis Line 800-273-8255, press 1 or
- Suicide Prevention Lifeline 800-273-8255

Remember, reaching out is a sign of strength. If you or a loved one needs additional support, contact the Psychological Health Resource Center 24/7 to confidentially speak with trained health resource consultants, call 866-966-1020.



# American College of Surgeons Reaccredits National Capital Region Simulation Consortium

By Bernard S. Little | WRB Command Communications

The American College of Surgeons recently reaccredited the National Capital Region Simulation Consortium, the single simulation program composed of the centers at Walter Reed National Military Medical Center, Uniformed Services University, Fort Belvoir Community Hospital and provisional member, Malcolm Grow Medical Center at Joint Base Andrews, Maryland.

“We are the only program in the world maximally accredited

School of Nursing, WRNMMC and FBCH GME residents and fellows, as well as hospital staff across the NCR.

“We are an integrated unit and share resources, space and people to accomplish the mission of providing high quality simulation experiences to all our learners,” Lopreiato continued. “In addition, the consortium runs simulation instructor courses to train the next generation of simulation teachers and contributes to the education and training missions of

Mikita stated.

“[SIM centers] accreditation visits are analogous to the Joint Commission visit for a hospital. Navy Cdmr. (Dr.) Robert A. Liotta, director for education, training and research at WRNMMC, stated, “The vision of our Simulation Center at Walter Reed is to be a leader in managing and promoting multidisciplinary medical simulation programs to advance faculty and staff development, graduate and undergraduate medical education, and to



The Simulation Center at Walter Reed Bethesda offers a realistic training environment for students and staff.



Air Force service members train for safe patient transport in Walter Reed Bethesda's Simulation Center.

by the two international accrediting bodies for health-care simulation, which are the ACS and the Society for Simulation in Healthcare (SSH),” stated Army Col. (Dr.) Jeffrey Mikita, co-chair of the consortium, chief of the Department of Simulation and program director of Critical Care Medicine Fellowship at WRNMMC, as well as the associate professor of medicine at USU.

Mikita and retired Navy Capt. (Dr.) Joseph Lopreiato lead the NCR Simulation Consortium. Associate dean for simulation education at USU, Lopreiato explained the consortium conducts simulation programs for students in the USU School of Medicine, the Graduate

USU, WRNMMC and FBCH.

Mikita explained the ACS first accredited the consortium in 2015, followed by its reaccreditation this year as both a Comprehensive Education Institute and a Surgical Education Fellowship.

He added the NCR Simulation Consortium's initial accreditation by the SSH in 2015 continues through 2019 in all the accrediting domains including: Core, Assessment Standards, Research, Teaching and Education, and Systems Integration and Patient Safety.

“This [SSH] is a five-year accreditation cycle with annual reports to maintain accreditation,”

improve overall patient safety and outcomes. Liotta added the SIM center also provides “a convenient, safe, supportive and state-of-the-art training environment for all trainees, practitioners, and groups in our facility.

“Another recent area where the Simulation Center played a huge role was in the development of the skills-based training for our recent Pediatric Intensive Care Unit's training stand-down this past fall,” Liotta said. “The safety stand-down was a huge success and the Simulation Department played a large role designing the training curriculum and simulated patient scenarios,” he added.

# WRB Blood Services Earns AABB Accreditation

By Bernard S. Little | WRB Command Communications

Walter Reed Bethesda's Blood Services passed a two-day inspection by the American Association of Blood Banks in November 2017.

One of the most regulated sections in the hospital, WRNMMC's Blood Services is annually inspected by either the Armed Services Blood Program Office, Navy Blood Program Office, U.S. Food and Drug Administration, College of American Pathologists or AABB to ensure compliance with the Code of Federal Regulations, blood donor and patient safety.

From Nov. 14-15, 2017, five AABB inspectors with well over 50 years total experience, spent 18 hours reviewing WRNMMC Transfusion Services and the Armed Service Blood Bank Center's Standard Operating Procedures, training and competency programs, personnel files, quality assurance and quality control documentation, equipment validations, proficiency testing, process control, disaster planning and internal policies. In additions, inspectors observed and questioned staff members performing blood banking testing and donor center operations at WRNMMC and the Pentagon. With more than 1,200 AABB/CAP and Immunohematology Reference Laboratory standards and requirements to meet, WRNMMC Blood Services passed the inspection resulting in continued AABB accreditation.

The AABB established its accreditation program in 1958 following publication of the first edition of Standards for

Blood Banks and Transfusion Services. The AABB started the accreditation program with the purpose of continuous improvement, advanced learning and innovation to promote the highest possible standard of care for patients and donors in participating facilities, according to officials of the association.

For possible accreditation, facilities voluntarily adopt and implement AABB standards established by leading experts in the blood banking, transfusion medicine and cellular therapy field. Standards are based on good medical practice, scientific data and principles associated with good manufacturing practices and quality assurance consistent with FDA regulations. To remain accredited, facilities submit to a biennial peer review assessment

to gauge organizational performance and compliance to AABB standards. Trained AABB volunteer assessors, who are working professionals in the blood bank community, donate their time and expertise to participate in the accreditation program and conduct the facility inspections.

AABB accreditation is the designation of choice for blood banking, transfusion services, blood management and cellular therapies because it demonstrates an organization's commitment to advanced learning, continuous improvement, and innovation by striving to sustain the highest level of patient and donor care, stated blood services officials.

In the United States, a patient receives a transfusion service every seven seconds. During hospitalization, one in every 12 patients receives a transfusion service. Earning AABB accreditation is a significant demonstration of the hospital's commitment to quality and safety in its transfusion medicine practice, according to association officials.



The Armed Service Blood Bank Center at Walter Reed Bethesda was one of the medical center's blood services area reviewed by the American Association of Blood Banks.



**I reported to the emergency room at 6:50 a.m. on Dec. 24 presuming I had strep throat. The triage nurse, Navy Lt. j.g. Timothy Dye was not only courteous and professional, but additionally took the initiative to expedite my care. He performed a strep test immediately after performing my vitals when I was triaged, resulting in a significantly reduced wait time in the ER. He took a quick look in the waiting room, saw nobody else was waiting, he then spouted off the symptoms I had that would make strep a likely suspect of my ailments and performed a point-of-care test. This equipped every other nurse and doctor that I saw with pertinent information. As it was the day before Christmas, I really appreciated his expediency. He was well trained on performing the swab test and concurrently performed controls with my test. He performed all of the above quickly and with confidence leaving no doubt in my mind to his competence.**



# Leadership Grand Rounds: Generals, Admiral Talk Readiness, Interoperability

By Bernard S. Little | WRB Command Communication



Walter Reed National Military Medical Center Director Navy Capt. (Dr.) Mark A. Kobelja (left) presents his command coin to (from left) the current Joint Staff Surgeon Navy Rear Adm. (Dr.) Colin Chinn, and former JSS (September 2010 to June 2013) retired Air Force Lt. Gen. (Dr.) Douglas Robb, and former JSS (December 2015 to August 2017) retired Army Maj. Gen. (Dr.) Joseph Carvalho following a Leadership Grand Rounds at WRNMMC Feb. 6. (Photo by Bernard S. Little)

Walter Reed Bethesda hosted its second Leadership Grand Rounds on Feb. 6 featuring the current and two former Joint Staff Surgeons. The JSS serves as the chief medical advisor to the Chairman of the Joint Chiefs of Staff, the Joint Staff and the Combatant Commanders.

Retired Air Force Lt. Gen. (Dr.) Douglas J. Robb, retired Army Maj. Gen. (Dr.) Joseph Carvalho, Jr., and the current Joint Staff Surgeon Navy Rear Adm. (Dr.) Colin G. Chinn, discussed the priorities of readiness versus delivering the benefit; interoperability for the future;

and scalable platforms and the medical mission in support of an operational force during the event at WRB.

Navy Capt. (Dr.) Mark A. Kobelja, director of Walter Reed National Military Medical Center, said Robb, Carvalho and Chinn "truly, deeply and profoundly understand the complexity of research and education in an academic medical center while delivering high-quality health care. At the same time, they have spent many years focused in the Joint Force (JF) medical team [on] interoperability, lethality, battlefield survivability, consequence management,

infectious disease, marshalling forces, and figuring out how to tie all that together with logistics."

Kobelja explained that the generals and admiral provided WRNMMC with a challenge of "picking up the mantle and doing our part in setting the battlespace. What can we do at Walter Reed Bethesda beyond perform ourselves, capturing casualties and caring for them? What's our role in setting the battlespace?," the WRNMMC director said.

All three featured speakers emphasized the importance of having a "ready medical force...medically ready force" with "shared joint and service responsibility."

"Future medical interoperability, [with] efficiency driving effectiveness, requires more joint solutions," Robb stated. "Interoperability and effective integration of service capabilities enhance joint operations to accomplish U.S. government objectives," he said.

An aerospace medicine specialist who served as the JSS from September 2010 to June 2013, Robb said the "age-old" questions concerning the Military Health System are: "Should the MHS be primarily a 'readiness' model or a 'business' model, and does the 'readiness' model support the 'business' model or does the 'business' model support the 'readiness' model?"

"The answer is...yes!," Robb continued. "They're not two separate things. You've got to fly the sorties. You've got to steam the ship. You've got to go to the range." For the MHS, this means maintaining currency and proficiency in the operating room and clinics to stay ready for wartime to provide casualty care on the battlefield, in ship hospitals and austere environments.



Current Joint Staff Surgeon Navy Rear Adm. (Dr.) Colin Chinn discusses priorities of readiness, interoperability for the future, and scalable platforms and the medical mission in support of an operational force during a Leadership Grand Rounds at Walter Reed National Military Medical Center Feb. 6. (Photo by Bernard S. Little)

Advancements in medicine and readiness by those in the MHS to treat casualties have resulted in declining wartime U.S. lethality rate throughout history. During the Revolutionary War, U.S. lethality rate was approximately 45 percent, which decreased to about 10 percent during Operation Enduring Freedom/Operation Iraqi Freedom, Robb explained. He credits the decrease to "the value of joint responsibility [and] the transformation of combat casualty care."

Carvalho, who served as the JSS from December 2015 to August 2017, agreed that readiness and increased joint efforts are paramount for the MHS and its survivability. He added warfighters on the battlefield demand a ready, highly-capable medical team in support.

A nuclear medicine physician and cardiologist, Carvalho said, "I believe each service should own its capability, but at some point, we've got to come together." He added that following the U.S. invasion of Grenada in 1983 and the

Goldwater-Nichols Department of Defense Reorganization Act of Oct. 4, 1968, the services "went from independent to interoperable." "We've progressed to become interdependent." He said the next step for those in the MHS is to be interchangeable.

"Tactically, you ought to be beholden to your services and understand [its] nuances. But once you get from the tactical to the operational and we're in a tent, in a fixed facility or doing clinical work, it shouldn't matter. We should be interchangeable. I think we'll retain relevance in that setting, or we'll die separately if we don't come together," Carvalho said. "If you want to maintain your independence, independently agree to the same thing because the only one who thinks Army, Navy or Air Force medicine is Army, Navy and Air Force medicine. Everyone above you [and] everyone outside of you thinks of it as 'DoD medicine.' You've just have to come to grips with that," he added.

"I'm not here to protect [any one service's] equity," agreed Chinn, who succeeded Carvalho as the JSS in August 2017. He added that the mission of the Office of the JSS is to provide the Chairman and the Joint Staff the best military medical advice and synchronize health services to enable globally integrated operations of the JF. He explained globally integrated operations "is the concept for how the JF should prepare for the security environment we will soon face."

An internist, Chinn said cybersecurity is becoming "more and more important" to U.S. national security. "We have a multipolar world [with] probably the most challenging security environment we've had in decades," he furthered.

Threats and challenges to U.S. security include "a rising China, a resurgent Russia, a North Korea that is rapidly developing nuclear weapon capability, Iran continuing to cause problems throughout the globe, and extremist organizations [worldwide]," Chinn said. These five concerns are not confined to a particular region, but pose global threats, he added.

Chinn explained that facing these threats "requires a globally postured JF that is able to quickly combine capabilities with itself and mission partners across domains, echelons, geographic boundaries and organizational affiliations to project decisive military force." He added being able to combine unique service capabilities to project decisive military force "has always been the strength of the JF. We, as a medical community, have to adjust and adapt to the environments to support our warfighters [doing those missions]."

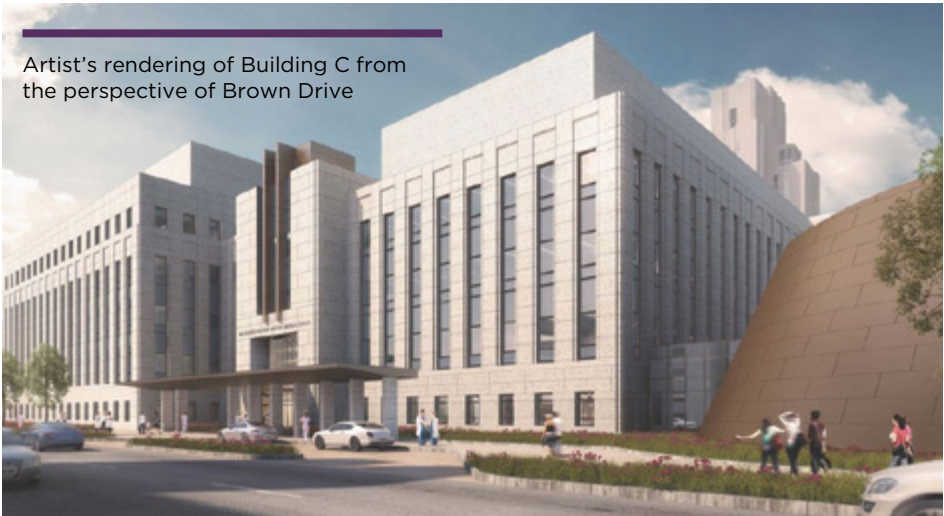
Carvalho agreed, adding, "You're not in uniform because you're the 'world-renowned blank-ologist. You're in uniform because there's an 18-year-old [who may someday need you for care on the battlefield, on a ship hospital or transport aircraft]. That's what you bring to the fight. That's going to be your success going forward -- always answering what we do and why is it that we are doing whatever we would for the good of the warfighter," he said.

"Demonstrate to DoD that you are a part of DoD," Carvalho concluded.



# WRB Construction Outlook: 2018

By A.J. Simmons | WRB Command Communications



Artist's rendering of Building C from the perspective of Brown Drive

Walter Reed Bethesda continues advancement of the Medical Center Addition and Alteration (MCAA) project, which will take significant strides forward over the course of the year.

Perhaps the most sizable undertaking over 2018 will be the construction of a pedestrian tunnel that will connect buildings 9 and 19 of the medical center. This connector tunnel is being constructed in preparation for the demolition of buildings 8, 6 and 4 in 2019.

“The pedestrian tunnel is going to be the way that we can transit patients and staff from [buildings] 9 and 10 to the America Building,” explained Theresa Lavoie, deputy assistant chief of staff at WRB. Lavoie, a retired Navy nurse and care coordinator who is familiar with the clinical environment, serves as the primary liaison between clinical staff and construction/facilities staff during the MCAA project.

The connector tunnel, Lavoie elaborated, will remain in place throughout and following the construction project, thereby providing a permanent link between the outpatient and inpatient areas of the medical center.

“The other thing that’s happening in 2018 is a significant transition of staff and operations to the

temporary Outpatient Annex in the G-Lot,” said Lavoie.

The annex will house the departments of Optometry, Ophthalmology, Psychiatric Liaison Services and the Wounded Warrior Clinic, among several others—all of which are currently located in buildings that will be demolished as part of the MCAA. In total, 89 departments will be relocated throughout the life of the project.

“Why we’re doing all of this is to prepare our facility for tomorrow’s

medicine,” Lavoie pointed out. “It’s to ‘right-size’ our medical center and improve the flow of services. The MCAA and all the preparation we’re doing is all for our people and our ability to provide high-quality patient care.”

She expounded that the MCAA project serves as an integral proponent of the medical center’s mission to be a high-reliability organization that furthers mission readiness.

Lavoie, who was present during the Base Realignment and Closure (BRAC) in 2011, explained that the organization has used lessons learned from that time to ensure that the MCAA is performed smoothly and efficiently with a distinct focus on helping staff and patients not only endure, but thrive within the environment.

As part of this goal, the Unified Construction Coordination Program (UCCP) was established as an effort to operationalize and maintain a mindset of change management, the human experience and patient-centered practices throughout the construction. The program, as Lavoie noted, is also a means of

providing everyone at WRNMMC with an outlet to create an active dialogue throughout the construction project.

“We are asking our [staff, patients and visitors] to embrace change, and we’re doing this in a way that focuses on not just the functionality of change, but the human experience of change,” said Lavoie. “We want to make sure that we acknowledge that this is a challenge for them and that our team is here to hear those challenges and to mitigate them and to work with them in every way that we can, because we want to make sure that they can continue putting the patient at the center of everything that we do.”

The UCCP is also focused on preparing staff and patients for the impacts of the construction on their daily routines, as well as the adjustments that they will need to make in response to the changes to the medical center.

One such routine adjustment, according to Lavoie, is the amount of time that patients will need to consider including between appointments to allow them time to travel between locations on the medical center’s campus. “In the past, if you had an ophthalmology appointment in Building 8 and a gastroenterology appointment in Building 9, you could [schedule them back-to-back]. Patients should anticipate including time—I

would say 15 minutes—between appointments so that patients can transit over to the Outpatient Annex.”

Lavoie also noted that the UCCP and the Integrated Referral Management Center will aim to advise patients as to where the most convenient parking locations are in relation to the clinic they will be visiting for an appointment.

According to Lavoie, the most common questions and concerns expressed to the UCCP regard daily life within the medical center. One such question levied at the program is whether food and coffee will be available in the Outpatient Annex. Fortunately, Lavoie reports, the UCCP was able to coordinate with the Navy Exchange, which will provide a “coffee and sandwich shop” in the annex.

“So if you’re [in the Outpatient Annex] for multiple appointments or for a long day, you don’t have to come across the street to get food. I think that’s a great staff-enhancer and inpatient-enhancer for their experience,” said Lavoie.

Another consideration being made in preparation for and during the 2018 construction is in regards to the safety of staff, patients and visitors. Lavoie noted that the traffic on North Palmer Road has been closely observed, as it is the crossing location between the America Building

and the Outpatient Annex. These observations will be used to help establish the safest method for moving between buildings.

Additionally, Lavoie explained that the number and frequency of shuttle stops will be increased to ensure that patients can safely and comfortably move between buildings and parking lots while at WRB.

“We’re enhancing the environment to improve quality and awareness while engaging [staff and patients] in the process,” said Lavoie in summation. “Anything that we can do to help the change process for individuals is important to us.”

More information about the MCAA project and the work of the UCCP, as well as sources for contacting and engaging with construction can be found at the monthly Town Hall Meetings, the Construction Newsletter, through the Communications Hotline and via the multidisciplinary communications email team. All of these sources can be found on the Construction Quick Link on the WRB intranet page. Joining this, Lavoie and her team are available to meet with departments and provide informational updates.

Visit the Construction webpage or call the communications hotline at 301-400-1934.



Artist's rendering of Building C from the perspective of Building 54 top deck.



Artist's rendering of the lobby of Building 10



For all inquiries and story ideas, contact:  
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